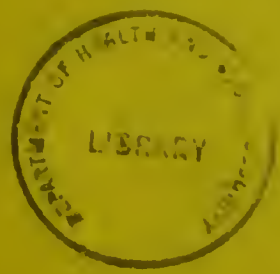


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**The Medical Officer of Health
& Social Services**

City & County of Bristol

R C WOFINDEN, MD, MRCP, DPH, DPA



REPORT FOR

1968

**THE HEALTH AND
SOCIAL SERVICES OF BRISTOL
IN 1968**



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THE HEALTH OF BRISTOL IN 1968

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THE HEALTH AND SOCIAL SERVICES OF BRISTOL 1968

My Lord Mayor, Ladies and Gentlemen,

I have the honour to present my thirteenth Annual Report on the health of the City and County of Bristol, which is compiled in accordance with Department of Health and Social Security Circular 1/69.

Matter of Life and Death

The Registrar-General estimated that the population in 1968 was 427,780 compared with 429,020 in 1967. The live birth rate in 1968 was 16.2, the lowest since 1961, apparently reflecting the movement outwards from the City of young married couples and increasing use of family planning advice. There was also a small but welcome reduction in the number of illegitimate births, 670 (9.7% of total live births) compared with 742 (10.6%) in 1967.

The infant mortality rate of 17.1 was a little higher than the record low figure of 16.8 in 1967 but was still the lowest amongst 12 of the largest county boroughs in England and Wales. For the first time since 1961 the illegitimate infant mortality rate (15.7) was less than the legitimate rate (17.2) probably a reflection of the adequacy of arrangements in the City.

There were four maternal deaths during the year, two associated with ectopic pregnancy, one due to amniotic fluid embolism and an associated death due to heart failure of a mother with congenital heart disease following the birth of her first baby.

The adjusted death rate of 11.9 per thousand, the same as the provisional rate for England and Wales, was the lowest among the County Boroughs surveyed. The principal killing diseases were ischaemic heart disease (25.3% of all deaths), malignant neoplasm (19.6%), respiratory diseases excluding cancer (16.4%) and cerebrovascular disease (14%). The number of deaths from cancer of the lung and bronchus among men increased from 125 in 1950 to 225 in 1968, and the comparable figure for women increased from 19 to 46, particularly since 1960. Of the other large county boroughs only Cardiff and Leicester had lower rates for cancer of the lung in 1968, and although cigarette smoking is probably as common in Bristol as in any other city there is almost certainly less atmospheric pollution here, a contributory factor in the development of this disease. The higher mortality in women in recent years is associated with increasing cigarette smoking.

There were 97 deaths from cancer of the breast and 31 from cancer of the uterus, both diseases which now can be diagnosed early in screening medical examinations.

One hundred and twelve residents died from accidents; 53, including 5 children, died as a result of road accidents, 27 in their homes and 7 at work. There were only 40 deaths, 24 males and 16 females from suicide in 1968, compared with 58 in 1967. Sixteen of the people were aged 60 years or over compared with 20 in 1967. There was a welcome reduction from 25 in 1967 to 12 in 1968 deaths from coal gas poisoning and from 16 to 11 from barbiturate and narcotic poisoning.

Infectious Diseases and their prevention

For the nineteenth consecutive year there was no case of diphtheria and for the seventh year none of poliomyelitis. There were 261 notifications of whooping cough compared with 333 in 1967, just over half the cases occurring in children aged 1-5 years. Of 352 swabs taken in 1968 from suspected cases of whooping cough, 43 were positive, 41 being of the serotype 1,3 of Bord pertussis and 2 of the serotype 1,2,3. Vaccination and immunisation rates tabulated in the Annual Report of the Chief Medical Officer for 1967 suggested that Bristol's rate was low but further enquiries disclosed under-reporting from some clinics. The acceptance rate of triple vaccine for children born in 1967 was 85%, the highest ever, and over the preceding 6 years a rate of 75% for protection against diphtheria and tetanus was achieved. Rather surprisingly the vaccination rate against poliomyelitis was only 67% and efforts are being made to improve acceptance.

There were only 933 notifications of measles the decrease possibly associated with the increasing use of vaccine. From the beginning of the year live vaccine only was offered and in May Ministry policy advocated vaccination of older susceptible children and arrangements for a local campaign were made with the help of the Local Medical Committee and the Teachers' Consultative Committee. It was found that between 5-10% of the children in primary schools needed vaccination and in the 4 weeks campaign two teams, which consisted of a doctor, nurse and a clerk vaccinated with no serious complications, 3,109 children in 125 school departments.

There were 3,325 notified cases of rubella more than double the total for 1967 and the largest number recorded in any year since notification started at the end of 1962. Notifications reached their peak first in north-west Bristol in March and then in the central and southern parts of the city in May, and the epidemic had subsided by August. Local investigations as part of the study made by the Public Health Laboratory Service among expectant mothers showed that 82% had already suffered from the disease but among susceptible patients exposed to proven infection at home the chance of contracting rubella was as high as 70%. Therefore, the report was welcomed of successful clinical and laboratory studies with rubella vaccines in adults.*

There was a small outbreak of influenza at the beginning of the year but when it was learnt that a new Asian influenza variant was likely to spread to Britain from the Far East 743 key members of Corporation staff were vaccinated.

There was a slight increase in the number of cases of tuberculosis from 83 in 1967 to 89 in 1968, mainly because the numbers notified in the age group 45-64 increased from 12 to 29 possibly due to the breakdown of long standing quiescent or latent lesions. Just over one tenth of new notifications related to people under 20 compared with one-fifth in the previous year. Of 217 patients found to have resistant tubercle bacilli between 1957 and the end of 1967 only 5 were still alive and had a positive resistant sputum test in 1967. Eleven new cases were discovered in 1968. Two of these have died and so there were 12 active resistant cases altogether in the Bristol Clinical Area on 31st December, 1968. Eighty-two per cent of the parents of eligible 13-year-old school children accepted the offer of skin testing and where indicated B.C.G. vaccination which affords solid protection against infection for at least 10 years.

* *British Medical Journal* (1969) 1, 271-276.

The Public Health (Infectious Diseases) Regulations of 1968 made under the Health Services and Public Health Act, 1968 came into force on the 1st October and revised the law relating to the notification of infectious diseases. As a result, acute influenzal pneumonia, acute primary pneumonia, erysipelas, membranous croup and puerperal pyrexia ceased to be notifiable nationally and rheumatism is no longer locally notifiable. Bristol was one of the Authorities that pioneered the voluntary and later statutory local notification of infectious hepatitis, and under the new regulations it is made nationally notifiable as infective jaundice while yellow fever, leptospirosis and tetanus are also added to the national list. Mononucleosis and rubella are still locally notifiable in Bristol.

Foreign Travel

The number of people attending the local authority clinics increased from 2,242 in 1967 to 2,884 in 1968 and despite the increased validity of yellow fever certificates from 6 to 10 years the number of yellow fever inoculations (172) was the second highest recorded. As in previous years holidaymakers (42%) business people (30%) and emigrants (12%) were the most frequent attenders and about two-thirds intended to travel by air.

There were massive reverses in 1967 and 1968 in the world malaria situation when the disease moved back into large areas of South America and Asia where eradication programmes had been apparently successful. In July the first of three cases of cerebral malaria among seafarers, two fatal, was seen by a medical practitioner in the Port. The importance of asking the questions "where have you been?" and "when were you there?" cannot be over-emphasized.

Venereal Diseases

The number of Bristol residents attending venereal diseases clinics increased from 3,463 in 1967 to 3,956 in 1968. The incidence of early syphilis remained low and there was a small fall in the number of cases of gonorrhoea, partly explained by the excellent contact tracing service which encouraged many young women to attend for medical examination. A third of all female patients with gonorrhoea and a tenth of all males were under the age of 20 years.

Maternal and Child Health

In 1968 89% of all births took place in hospital including 98 births in the short stay general practitioner unit at Southmead Hospital, where mothers are attended by their family doctor and domiciliary midwife. A new general practitioner maternity unit providing 23 beds was opened in May at the Walker Dunbar Hospital.

Mothers seem to prefer early discharge and in fact of 91 mothers and babies discharged from the short stay Southmead unit 81 were admitted for less than 8 hours, 71 being discharged in less than 6 hours. Planned early discharge from maternity hospitals in general has continued and just over one-third of the mothers returned home before the 8th day.

Although it has not been possible to implement fully the National Health Service (Family Planning) Act 1967 in providing a free service for all women the Department of Health and Social Services and the Family Planning Association have extended their work. Out of 941 new clients at the Department's sessions seeking advice on medical or medical social grounds 727 attended for the fitting of intra uterine contraceptive devices. The Family Planning Association held

sessions at 7 of the main health clinics or centres, including a special session for the unmarried.

It is unfortunate that local figures on the working of the Abortion Act are unavailable.

The Corporation mother and baby home was closed at the end of the year and the Social Services Committee came to an arrangement to reserve accommodation in the remaining voluntary home in the city—St. Johns, Ashley Road. Bristol shared the general experience of falling demands for admission to mother and baby homes, despite an increase in illegitimacy because parents are more willing nowadays to allow daughters in these circumstances to remain in the family.

New records recording developmental progress of young children were introduced on 1st January and a trial of the more effective Guthrie screening test for phenylketonuria was introduced.

From 1st November, 1968 the requirement came into effect of the registration of a child minder who looks after one or more children, under the age of 5 years, for reward, for a period of 2 hours or longer. There has been much national concern about the daytime care of young children, and voluntary effort has been especially prominent in Bristol in securing more adequate facilities.

The response to offers of cervical cytology has on the whole been disappointing but the numbers of tests carried out in clinics and health centres rose from 5,182 in 1967 to 5,825 in 1968. Three women were found in 1968 to have cancer of the cervix, and were treated by hysterectomy, and 13 were referred for some biopsies for suspected carcinoma *in situ*. In addition cervical smear tests were carried out for the employees of three local firms and in the largest 867 women were examined.

Health Education

The advent of the new Health Education Council is likely to produce a considerable growth and development of Local Health Authority health education activities.

Bristol was one of the first authorities to employ a health education officer—as long ago as 1948. Over the years an active and expanded department has been developed. Its main functions have been to co-ordinate and stimulate health education activities within the Department; to provide expert help and guidance to all members of the staff and to develop and supply teaching aids.

Each year a considerable programme of health teaching is undertaken by many members of the professional and technical staff. In the Annual Report this year Mr. Mackintosh, the present Health Education Officer, spells out in some detail some of the teaching activities of his own sectional members—particularly on behalf of school groups from which an increasing number of requests have come. This is a welcome development because many past attempts on our part to capture the interests of schools have failed. We hope shortly to be able to carry out our plans for the in-service training in health education of selected teachers.

A new film on the Chiropody Service was completed for the Department and once again our thanks must go to those talented members of Bristol Ciné Society for this latest production.

Sales and distribution of the booklet *Drug Dependence* continued and by the end of the year over 23,000 copies had been sold since publication.

Home Safety

Although there was a dramatic and welcome reduction in the number of fatal home accidents from 63 in 1967 to 27 in 1968, the elderly and the young were still the principal victims. Two women and one man died as a result of burns, their ages being 73, 80 and 75 years respectively. The younger woman's burns were caused by her nightdress coming into contact with an unguarded fire, and the man's clothing was ignited by a cigarette.

Four deaths were attributed to asphyxiation. A sixty-six year old man was asphyxiated by smoke from a fire "caused by an over-turned portable fire". Three children died in tragic circumstances, a nine-year-old boy after inhaling a foreign body; a four-year-old boy after drawing a plastic bag over his head, and a two-year-old girl when a dolls push chair with which she was playing collapsed on her.

A very successful "Teach-In" on Water Safety was held at the Central Hall and Broad Weir Baths in May and an exhibit on this theme was awarded a silver medal at the Bristol Flower Show. In the ten years that the Home Safety Council has exhibited at the Show, five silver and three gold medals have been won. In the spring, the Bristol Police organised a "Drugs Amnesty" and in several weeks about 120,000 items of medicines, tablets, pills and ointments were handed to city pharmacists by members of the public. In October a similar campaign was launched in Gloucestershire, Somerset and Wiltshire generally, and in spite of the previous publicity nearly 26,000 items were collected by pharmacists.

Although there are 140 pharmacies in the City the returns related to 52 chemists. Only 139 tablets were classified under the Dangerous Drugs Act, but over 10,000 items came within the category analgesics, sedatives and hypnotics. The figures indicate that there are still considerable quantities of unused and potentially dangerous drugs and medicaments being kept by people in their homes.

Immigration

In 1968, 11% of all births were to immigrant parents compared with 7.4% in 1966. During the year information was received from other Sea and Air Port Medical Officers about the arrival in the City of 343 long stay immigrants, of whom 148 were children under the age of 16 years. Since February 1965, 1,383 immigrants are believed to have arrived in the city and health visitors have been able to get in touch with about 70%. Forty-six per cent of newly arrived immigrants were from the West Indies, 10% from Pakistan, 9% from Italy, 8% from India, and 27% from other countries. Of the West Indian immigrants in 1968 70% were children under the age of 16 years. Of the school population in January 1969 4.2% were of overseas parentage.

Immigrants have often found their first home in one of the central areas of the city, like the St. Paul ward, but have gradually moved away to private property or on allocation of a unit of municipally owned accommodation in a housing estate on the outskirts of the city. Enquiries by a team of social workers at Bath University of Technology showed that Corporation housing accommodation for immigrants in Bristol was allocated fairly and on a basis of need. Many immigrants have taken advantage of Corporation loans for the purchase of older centrally situated houses and of grants for the improvement and repair of private property. Voluntary Housing Associations are showing signs of interest in rehabilitating larger and often under-occupied houses in the St. Paul area.

There are three voluntary play-groups now active in the St. Paul area and a 45-place Corporation day nursery will be completed in August 1969.

In an extended medical examination of immigrant and local pupils attending Bristol primary schools it was found that children of immigrant parents born in Britain or overseas were taller and heavier than local children. They were from larger families and their parents were less often present at the medical examinations. There was little difference in the prevalence of anaemia among the children but although squint, skin and ear diseases and speech defects were more common in the children of British parents, chest diseases and umbilical hernia were seen more often in immigrant children. Dental decay was less common in immigrant children, especially those born overseas, than in local children.

Nursing Services

An encouraging feature of the work of health visitors was that more visits were made to old people and, in fact, the numbers trebled between 1965 and 1968. Language difficulties in the central districts were partly overcome by the employment of two Asian girls as clinic assistants in the period between leaving school and the commencement of nursing training. Of 11 health visitors who completed their term of contract at the Bristol Health Visitor Training School, 6 joined the permanent staff. The case loads of health visitors involved in work with patients suffering from tuberculosis continued to decline and in 1969 it is planned that their work will be transferred to a liaison tuberculosis health visitor and district health visitors.

District nurses training under the auspices of the Queens Institute ended in July. The first independent course approved by the Department of Health and Social Security for the National Certificate of District Nursing started in September, and Wiltshire, Somerset and Bath also sponsored students. Following two successful pilot schemes of the attachment of district nurses to general practices plans were made for an extension and 47 practitioners had, by June 1969, entered into attachment arrangements or were about to receive these services. The number of visits made by district nurses in 1968 was 245,332 compared with 230,864 in 1967, and one must assume that this load will increase as practitioners make more use of nurses. Preliminary analyses showed that they are mainly used for dressings, removal of sutures, ear treatment and injections. The community nurse team scheme based at Stockwood Health Centre* continued successfully and results have been evaluated. The community nurse undertook all the health visiting for the population at risk and assessed the social and nursing needs of patients at the request of the general practitioners. Most of the bedside nursing in the home was done by the state enrolled nurse.

Home Help Service.

Steady progress has been made, and although there has been no lack of recruits it has been difficult completely to meet needs because of transport difficulties in matching home helps with clients. All new candidates undertake one week's in-service training and are given the choice of remaining in the service or leaving at the end of this period. Refresher courses were arranged for home helps with five or more years experience on subjects such as Home Safety, Nutrition, Housework with Ease, and Hygiene in the Home.

*British Medical Journal (1969) 1, 306-309.

Mental Health Services

The total number of mentally ill persons receiving care in the community rose from 194 at the end of 1967 to 218 in 1968. This total is low because the mental health workers have large case loads and must be selective in accepting new clients and the hospitals also have a social worker service. 715 mentally sub-normal and severely sub-normal children and adults under the care of the Mental Health Section were receiving home visits, 433 were attending training centres or workshops, 14 were attending hospital on a daily basis, and 14 were living in hostels. The waiting list for admission to hospitals for the sub-normal and severely sub-normal at the end of 1968 was 38, the same as in 1967, but another 30 patients were admitted urgently. The numbers attending hospitals for daily care and training increased from 6 to 14 but no special day hospital has yet been created. Assessment clinics provided for mentally sub-normal patients by the Local Authority and the Regional Board have been very valuable and the assessment unit in the Stoke Park Group of Hospitals was described by Dr. J. Jancar at the Seventh International Congress on Mental Health in London in August 1968.

The 50-place workshop for the sub-normal at Snowdon Road is now fully occupied and work includes the assembly of 10 types of dressing-bag for hospitals. The Bush Training Centre and the Stratton Street Day Centre continued to work very effectively. In November the Prime Minister announced that the responsibility for the education of mentally handicapped children in England and Wales is to be transferred from the health to the education services and the necessary legislation would be prepared to give effect to the change and the date on which it could take place would be settled as soon as possible. The future administration of the Bush Training Centre might be complicated, but there are excellent relationships in Bristol between members and officers of the Social Services and Education Committees.

There were 134 admissions to the short-stay residential unit for mentally sub-normal children, and 62 families benefited from the service, especially during the summer holiday period.

The percentage occupancy of residents at Marlborough House Hostel for mentally sub-normal men increased from 59 in 1966 to 82 in 1968, and careful selection of prospective residents for Devon House Hostel for the rehabilitation of the mentally ill ensured that those most in need of short-care help were offered places. Petherton, the first Bristol hostel for elderly mentally infirm men and women was opened by the Deputy Lord Mayor Ald. C. Hebblethwaite C.B.E. on 24th April and by the end of the year 44 people had been admitted; 27 from their own home, 8 from psychiatric hospitals, 5 from geriatric hospitals, 2 from general hospitals and 2 from old people's homes.

Club activity at Somerset and Steevens House continued and the membership of the Townsend Youth Club increased.

Ambulance Service

During the year there were more out-patient attendances partly because of the establishment of day centres and hospitals like Purdown, Stoke Park, Glenside and Manor Park for psychiatric and geriatric patients. Two part-time guides were appointed to travel with mentally sub-normal children being taken to the Bush Training Centre. Patients carried during the year increased to 189,906 (an increase of 7,956) and mileage to 892,775 (an increase of 36,375).

Services for the Elderly and Handicapped

At the end of the year there were 876 beds in homes administered by the Social Services Committee and 150 aged or disabled persons were in homes provided by voluntary bodies or other local authorities who were the financial responsibility of the Committee. During 1968 homes at Brislington, Inns Court and Stockwood were completed and homes at Bedminster and St. George will be in operation in 1969. The run down of 100 Fishponds Road has continued smoothly and although the total number of beds available has shown little change for several years the waiting list at the end of 1968 was surprisingly low at 245.

Visiting services and clubs for elderly people were supported by the Committee and the service of "meals on wheels" provided from the Committee's own kitchens or by voluntary organisations has been widely appreciated.

Co-operation has continued with the Housing Committee in the provision of sheltered housing and it is significant that at 31st May 1969 there were outstanding 981 applications from elderly persons for Corporation housing, 639 being single people and 342 married couples.

By the end of March, 1969, 656 purpose-built dwellings had been provided by the local authority and 531 dwellings had been provided by voluntary bodies or were in hand. Projected dwellings for the Corporation numbered 241 and for housing associations 278. There is an urgent need for more sheltered housing.

At present the total number of people aged 65 years and over in the city is estimated to be 56,750. It is thought by 1981 the numbers aged between 65 and 74 will increase by 6.8% to 38,850 and those aged 75 and more by 35% to 27,550, making a total of 66,400. It is difficult to make adequate provision for elderly people, many of whom are living alone, in the terminal stages of illness. It is not easy to recruit "sitters in" on a voluntary or statutory basis despite the wishes of patients and their relatives for those nearing the end of their lives to remain in familiar circumstances. It may also be impossible to retain patients at home because of incontinence or loss of consciousness, or disturbance to family life especially in households with young children. Of the patients who died in Manor Park Hospital in 1968 more than a quarter died within 7 days of admission. From all this information there seems to be a case for investigating the possibility of establishing accommodation for terminal care in the area.

Mr. R. C. Travill, Principal Welfare Services Officer contributes interesting information on the developments in the services for the elderly and the handicapped.

Occupational Health Service

Steady progress in the development of the service has included the offering of mammography and cervical cytology to all Corporation employees, extensive instruction in first aid and resuscitation, the review of registration of disabled people and an investigation of the possibility of keeping standardised records of morbidity among Corporation employees.

Fluoridation of Water

It is a matter for regret that the City Council has taken no action in respect of Circulars 15/65 and 24/68. The recent report on the results achieved after 11 years of fluoridation in certain study areas of the United Kingdom* has shown

* "Fluoridation Studies in the United Kingdom and the results achieved after 11 years" (Reports on Public Health and Medical Subjects No. 122 H.M.S.O.).

that there has been no ill effect to health but a substantial reduction in the number of decayed teeth among children living there, and draws attention to dentists' reports of the strikingly good appearance of their teeth. One hundred and two local health authorities have recorded resolutions in favour of fluoridation but in July 1969 only 17, including the city of Birmingham, were receiving fluoridated water in part of or throughout the whole of their area.

Many Bristolians on holiday visited Ireland or Anglesey where most of the population receive fluoridated water.

In the financial year 1969/70 the Corporation will spend nearly £70,000 on the salaries of dental staff and their equipment, and an even greater burden will fall on the tax payer in paying for the services of general dental practitioners.

The Floods of 10th/11th July

After several hours of torrential rain severe flooding with polluted water occurred in low lying districts of Bedminster while stormwater swept down the slopes of Dundry and entered many houses in Withywood. Mercifully only one person in Bristol was drowned (the father of a handicapped pupil in a day special school, returning home after a parent/teacher meeting) but several thousands of people went through a very trying experience. Gas and electricity supplies were interrupted and there was a temporary contamination of domestic water.

As a result of close co-operation of the City's Engineer's, Education, Housing and Health & Social Services Departments temporary shelter was offered in the Pastime Centre and 100 Fishponds Road; emergency feeding, clothing and household supplies were made available in corporation schools and staff in the environmental health services division of the department worked long hours removing drying out and returning furniture and carpets.

There was close co-operation between statutory and voluntary bodies in assessing the extent of the damage—finally estimated at £390,000. Inevitably some people feel forgotten in an incident of this magnitude and sensible on-the-spot decisions by the Leader of the City Council helped to alleviate distress. As predicted there was no subsequent outbreak of intestinal infection including infectious hepatitis. A medical member of the staff of the University Department of Mental Health is comparing the initial and subsequent experiences of those flooded with a comparable group outside the affected area.

Environmental Health Services

Visits reached an all time high of 152,373. Increasing attention is being paid to complaints of noise nuisance. Progress was made in the general inspection of offices and shops and it was hoped that the survey would be completed by the middle of 1969. Number 8 Smoke Control Order (covering the Sea Mills, Henbury, Brentry, part of Lawrence Weston and part of Westbury-on-Trym areas of the city) was confirmed by the Minister without modification in April with an operative date of October 1969, but this has been postponed until October 1970. Consideration of proposals for two more smoke control areas was deferred for financial reasons for 12 months.

Trends in General Practice

The average size of list of general practitioners in the city fell slightly from 2,141 in July 1961 to 2,056 in January 1965, but has risen in recent years to reach

2,413 at 1st April 1969. The number of single-handed doctors has steadily fallen from 151 in 1951 to 85 in 1961 and 52 (21% of the total) at the end of 1968. At the end of 1968 there were 34 partnerships of two, 22 partnerships of three, 8 partnerships of four, and 5 partnerships of five. It is now the Local Executive Council's policy to dispose of all single-handed vacancies by dispersing lists or dividing them between neighbouring practices. At present practitioners work from 138 surgeries including purpose built or adapted Housing Committee property, and three health centres.

Good co-operation in Maternal and Child Health work has existed since the inception of the National Health Service Act. In 1953 general practitioners began to provide ante-natal care for expectant mothers on their lists in Corporation clinics and health centres and by the end of 1968 94 out of 204 practitioners on the obstetric list were participating in the scheme. A midwife attends the surgery ante-natal sessions of practices where it is impossible to offer facilities in Corporation clinics. In 1962 similar facilities for Child Welfare work were offered and by the end of 1968 39 general practitioners were participating.

There is keen interest in the provision of more health centres and in July 1968 the building started of the first of two health centres to replace Southmead Clinic which was urgently needed to expand out-patient facilities at Southmead Hospital. By the end of the year plans for the conversion of St. John's Lane Clinic, Bedminster to a health centre were well advanced, and work started in April 1969. Preliminary plans have been prepared for further health centres in Horfield and Fishponds and the conversion of Charlotte Keel Clinic into a health centre. Each of these projects involves Corporation officers and general practitioners in many evening meetings, and success depends on careful planning and mutual trust. Changes at a late stage either in layout or the numbers of doctors participating can be costly and cause a lack of confidence in the future of health centres. It is hoped that by the end of 1971 more than 100,000 Bristol citizens will receive medical care in health centres.

At the Crossroads

On 9th January 1968 the City Council decided to set up a new Social Services Committee consisting of 20 members of the Council to supervise matters previously dealt with by the Health and Welfare Services Committees. The Children's Committee continues to operate as a separate entity, but all 12 members are also members of the Social Services Committee. Integration of administrative services was begun, and the Medical Officer of Health became Chief Officer of the Social Services Committee and was re-designated Medical Officer of Health and Social Services.

In July there was published a 370 page report of the Seeborn Committee on Local Authority and Allied Personal Social Services, and the 29-page slim Green Paper on the administrative structure of the medical and related services in England and Wales. Although Seeborn recommended the establishment of a unified Social Services Department within each major local authority at the earliest possible date this Committee did not wish to dismiss for all time the idea of some future union of all the social services at local level. The Committee arrived at the firm conclusion "that a family service cannot be fully effective until the Social Services Department and the Housing, Education and Health Departments are the undivided responsibilities of the same local authority."

The Green Paper suggested that 40 or 50 area health boards should be established each with 15 or 16 members some of whom might be appointed by the

Ministry, while others would represent the interests of local authorities. The Redcliffe-Maud Royal Commission on local government observed that "reorganised local government offers as a good chance of uniting the present divided administration of the National Health Service as do nominated boards—and a better chance of establishing close relationships between the National Health Service and the personal social services". In his memorandum of partial dissent Mr. Derek Senior wrote that "to pave the way of the unification of the National Health Service had to be, in my view, a cardinal purpose of any restructuring of local government."

The City Council appears to be ahead of Seeborn and, as far as administration is concerned, thinking along lines approved by Maud.

Obituary

Mr. Reginald F. F. Wood who held the post of Chief Ambulance Officer from April 1952, died after an operation in Frenchay Hospital on 17th November 1968.

Miss Winifred M. W. Grigg, Social Worker in the After Care Section, with special responsibilities in the Chest Clinic and Honorary Secretary of the Tuberculosis Voluntary Care Committee, who had worked in the Department since 1943, retired on 30th September, and unfortunately died in Ham Green Hospital on 8th June 1969 after a brief illness.

These officers contributed greatly to the development of the Local Health Authority Services and their co-operation with voluntary organisations. Mr. Wood was President of the National Association of Ambulance Officers in 1952-53.

Retirements

Mr. Archibald Jackson, who started work in the Department in 1945 and latterly worked in the Medical Records Statistical Section of the Department carried out most effectively the work of Librarian, despite impaired vision, and retired in January 1968.

Miss Gertrude M. Reed, Social Worker with special interest in the welfare of unmarried mothers since 1950, retired in February, and was formally thanked by members of the Staff Sub-Committee for her outstanding services.

Personal

We were delighted that the Chairman of the Social Services Committee, Alderman Cyril Hebblethwaite was made a Companion of the Order of the British Empire in the Birthday Honours List 1968. Mr. E. G. Whittle, Scientific Adviser was appointed President of the Association of Public Analysts in May, and I was invested as President of the Society of Medical Officers of Health in September. I feel that these awards reflect the high standing of the health and social services in the city.

I am grateful to the many contributors to this Report, both named and unnamed, and to the whole of the staff of the Department who have given me loyal and willing service. The Chairman and Vice-Chairman of the Social Services Committee have shown whole-hearted support and I greatly appreciate the help and guidance I have received from fellow Chief Officers.

My Deputy, Dr. J. F. Skone, has edited and collated this Report.

I am your Obedient Servant,

R. C. WOFINDEN

SOCIAL SERVICES COMMITTEE, 1968

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Alderman C. Hebblethwaite, C.B.E.

VICE-CHAIRMAN

Councillor Mrs. G. C. Barrow

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Alderman Mrs. H. Bloom

Alderman Mrs. M. L. Deverell
Alderman Rev. F. C. Vyvyan-Jones

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Councillor Mrs. L. M. Alexander
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Councillor J. G. R. Fletcher
Councillor W. Graves

Councillor M. R. Hulin
Councillor Mrs. F. L. Lawrence
Councillor Mrs. G. V. M. McCraw
Councillor Mrs. D. E. Prestridge
Councillor J. H. T. H. Reade
Councillor H. Trapnell, M.A.
Councillor R. J. Trevis

PRINCIPAL STAFF, 1968

MEDICAL OFFICER OF HEALTH AND SOCIAL SERVICES

R. C. WOFINDEN, M.D., M.R.C.P., D.P.H., D.P.A.

Deputy Medical Officer of Health : J. F. Skone, M.D., D.P.H., D.C.H., D.I.H.

Principal Welfare Services Officer : R. C. Travill, LL.B., D.P.A.

PRINCIPAL ASSISTANTS

Chief Assistant Medical Officer of Health and Senior Medical Officer for Mental Health :

H. Temple Phillips, M.D., D.P.H., D.C.H., D.I.H.

Senior Medical Officer—Port : G. N. Febry, M.B., D.P.H.

Senior Medical Officer—School Health Service : A. L. Smallwood, M.D., D.P.H., D.C.H.

Senior Medical Officer—Maternal and Child Health : Sarah C. B. Walker, M.D., D.P.H.

Senior Medical Officer—Epidemiology : A. J. Rowland, M.B., D.P.H.

Senior Medical Officer—Occupational Health : J. W. Markham, M.B., D.P.H., D.I.H.

(to 1st June)

Chief Dental Officer : J. McCaig, L.D.S., R.F.P.S.

Chief Public Health Inspector : G. J. Creech, M.B.E., C.St.J., F.R.S.H., M.A.P.H.I.

Chief Administrative Officer : A. E. Meacham

Chief Nursing Officer : Margaretta Marks Jones, S.R.N., S.C.M., H.V., N.A.C.

(Public Health)

PROFESSIONAL AND TECHNICAL OFFICERS

Chief Ambulance Officer : R. F. F. Wood, F.I.A.O. (to 17th November)

Health Education Officer : P. Mackintosh, B.A.

First Assistant, Organisation and Records : W. B. Fletcher, F.S.S., A.M.R. (to 4th June)

Systems and Programming Assistant : B. A. Parker (from 5th June)

Nutritionist : Margaret Chapman, S.R.D.

Senior Medical Social Worker : Marion Moncaster, A.M.I.M.S.W.

SCIENTIFIC ADVISER

E. G. Whittle, B.Sc., F.R.I.C.

VITAL STATISTICS & EPIDEMIOLOGY

A. J. Rowland

(Senior Medical Officer—Epidemiology)

A. J. Wood, M.B., B.Sc., D.P.H.

(First Assistant Medical Officer)

H. R. Cayton, M.B., Ch.B., M.C.Path.

(Director of the Public Health Laboratory, Bristol)

R. J. W. Byrde

(Acting Meteorological Officer, University of Bristol)

VITAL STATISTICS

			1968	1967	1966	1965	1964	1963
POPULATION	... ..		427,780	429,020	429,370	430,900	432,070	433,920
AREA IN ACRES	... ..		27,073	27,073	27,073	26,350	26,350	26,350
NUMBER OF MARRIAGES			3,980	3,786	3,933	3,657	3,600	3,612
LIVE BIRTHS								
Legitimate	M. 3,094 F. 2,938		6,032	6,261	6,587	6,859	6,852	6,939
Illegit.	M. 353 F. 346		699	742	714	741	665	701
Illegit. expressed as								
percentage of all births	... ..		10·4%	10·6%	9·8%	9·7%	8·8%	9·2%
Total Births	... ..		6,731	7,003	7,301	7,600	7,517	7,640
Live Birth Rate (Crude)	... ..		15·7	16·3	17·0	17·6	17·4	17·6
Adjusted Birth Rate	... ..		16·2	16·8	17·5	18·1	17·9	18·1
STILLBIRTHS								
Legitimate	M. 46 F. 50		96	79	98	109	82	112
Illegit.	M. 4 F. 3		7	12	11	11	11	7
Total Stillbirths	... ..		103	91	109	120	93	119
Stillbirth Rate	... ..		15·1	12·8	14·7	15·5	12·2	15·3
Total Live and Stillbirths	... ..		6,834	7,094	7,410	7,720	7,610	7,759
INFANT DEATHS								
Infant Mortality Rate—Total			17·1	16·8	17·3	21·6	18·4	20·3
„ Legit. Births			17·2	16·5	17·2	21·4	17·5	19·5
„ Illeg. Births			15·7	20·2	18·2	22·9	27·1	28·5
Neo-Natal Mortality Rate	... ..		11·1	12·3	11·8	14·5	11·8	13·6
Early Neo-Natal Mortality								
Rate	... ..		8·8	10·7	10·7	12·5	10·4	12·6
Peri-Natal Mortality Rate	... ..		23·7	23·4	25·2	27·8	22·5	27·7
MATERNAL DEATHS								
Number of deaths	... ..		4	—	4	2	2	—
Maternal Mortality Rate	... ..		0·59	—	0·54	0·26	0·26	—
DEATHS AT ALL AGES								
Male 2,681 Female 2,648			5,329	5,044	5,426	5,311	5,141	5,765
Death Rate (Crude)	... ..		12·5	11·8	12·6	12·3	11·9	13·3
Adjusted Death Rate	... ..		11·8	11·1	11·7	11·6	11·5	12·9

TABLE 1

**TOTAL DEATHS OF BRISTOL CITIZENS BY CAUSE AND AGE,
REGISTERED DURING THE CALENDAR YEAR 1968**

(Compiled from figures supplied by the Registrar General)

CAUSE OF DEATH				Sex	At all ages	0-	1-	5-	15-	45-	65-	75+
All Causes	...	...	...	M	2,681	63	13	12	124	719	798	952
				F	2,648	52	7	7	63	380	578	1,561
Enteritis and other diarrhoeal diseases	...	...	...	M	6	4	—	—	—	1	—	1
				F	5	2	—	—	—	—	2	1
Tuberculosis of respiratory system	...	...	...	M	8	—	—	—	—	3	4	1
				F	—	—	—	—	—	—	—	—
Other tuberculosis, incl. late effects	...	...	...	M	5	—	—	—	1	2	1	1
				F	2	—	—	—	1	—	—	1
Meingococcal infection	...	...	...	M	—	—	—	—	—	—	—	—
				F	1	—	1	—	—	—	—	—
Other infective and parasitic diseases	...	...	...	M	2	—	—	1	—	1	—	—
				F	1	—	—	—	—	—	—	1
Malignant neoplasm—stomach	...	...	...	M	80	—	—	—	—	26	36	18
				F	44	—	—	—	—	10	9	25
Malignant neoplasm—lung, bronchus	...	...	...	M	225	—	—	—	6	98	84	37
				F	46	—	—	—	2	17	16	11
Malignant neoplasm—breast	...	...	...	M	—	—	—	—	—	—	—	—
				F	97	—	—	—	5	51	18	23
Malignant neoplasm—uterus	...	...	...	F	31	—	—	—	2	10	11	8
Leukaemia	...	...	...	M	8	—	—	2	1	1	2	2
				F	15	—	—	1	2	4	3	5
Other malignant neoplasms, etc.	...	...	...	M	262	—	3	1	12	86	75	85
				F	239	—	—	2	5	59	71	102
Benign and unspecified neoplasms	...	...	...	M	2	—	—	—	—	—	1	1
				F	3	—	—	—	1	1	1	—
Diabetes mellitus	...	...	...	M	24	—	—	—	2	6	3	13
				F	20	—	—	—	2	5	7	8
Avitaminoses, etc.	...	...	...	M	4	—	—	—	1	1	1	1
				F	1	—	—	—	—	—	—	1
Other endocrine etc. diseases	...	...	...	M	3	—	—	2	—	—	—	1
				F	7	2	—	—	—	—	—	1
Anaemias	...	...	...	M	6	—	—	—	1	1	1	3
				F	9	1	—	—	—	1	1	3
Other diseases of blood, etc.	...	...	...	M	1	—	—	—	—	—	2	5
				F	1	—	—	—	—	1	—	1
Mental disorders	...	...	...	M	3	—	—	—	—	1	—	2
				F	6	—	—	—	—	—	—	6
Meningitis	...	...	...	M	2	2	—	—	—	—	—	—
				F	2	2	—	—	—	—	—	—
Other diseases of nervous system, etc.	...	...	...	M	20	—	—	—	4	8	4	4
				F	19	1	1	—	2	5	4	6
Active rheumatic fever	...	...	...	M	—	—	—	—	—	—	—	—
				F	1	—	—	—	—	1	—	—
Chronic rheumatic heart disease	...	...	...	M	22	—	—	—	3	9	8	2
				F	53	—	—	—	2	22	13	16
Hypertensive disease	...	...	...	M	40	—	—	—	2	7	15	16
				F	72	—	—	—	—	6	19	47
Ischaemic heart disease	...	...	...	M	757	—	—	—	24	246	252	235
				F	592	—	—	—	6	55	139	392
Other forms of heart disease	...	...	...	M	74	—	—	—	2	10	20	42
				F	138	—	—	—	1	8	18	111
Cerebrovascular disease	...	...	...	M	302	—	—	—	10	56	93	143
				F	447	—	—	—	1	39	99	308
Other diseases of circulatory system	...	...	...	M	116	—	—	—	2	24	28	62
				F	151	—	—	—	—	13	20	118
Influenza	...	...	...	M	17	—	—	—	1	2	6	8
				F	31	—	—	—	—	4	5	22
Pneumonia	...	...	...	M	186	10	2	1	4	26	32	111
				F	283	9	1	—	1	16	44	212
Bronchitis and emphysema	...	...	...	M	222	—	—	1	—	56	82	83
				F	68	—	—	—	—	12	24	32
Asthma	...	...	...	M	4	—	—	—	2	1	—	1
				F	11	—	—	—	—	5	4	2
Other diseases of respiratory system	...	...	...	M	27	4	—	—	2	4	5	12
				F	27	5	—	—	—	3	8	11
Peptic ulcer	...	...	...	M	23	—	—	—	—	5	10	8
				F	13	—	—	—	—	—	2	11
Appendicitis	...	...	...	M	1	—	—	—	—	—	—	1
				F	2	—	—	—	—	1	—	1
Intestinal obstruction and hernia	...	...	...	M	14	1	—	—	1	2	4	6
				F	15	—	—	—	—	1	3	11
Cirrhosis of liver	...	...	...	M	9	—	—	—	1	4	3	1
				F	5	—	—	—	1	3	—	1

CAUSE OF DEATH				Sex	At all ages	0-	1-	5-	15-	45-	65-	75+
Other diseases of digestive system ...	...	...	...	M	21	—	—	—	2	5	6	8
				F	32	—	—	—	3	5	12	12
Nephritis and nephrosis ...	...	...	...	M	11	1	—	—	2	3	3	2
				F	4	—	—	—	1	—	1	2
Hyperplasia of prostate ...	...	...	...	M	8	—	—	—	—	—	1	7
				F	—	—	—	—	—	—	—	—
Other diseases of genito-urinary system ...	...	...	...	M	14	—	—	—	1	2	2	8
				F	20	—	—	—	1	4	3	12
Abortion ...	...	...	...	F	1	—	—	—	1	—	—	—
Other complications of pregnancy, etc. ...	...	...	...	F	3	—	—	—	3	—	—	—
Diseases of skin, subcutaneous tissue ...	...	...	...	M	1	—	—	—	—	—	—	1
				F	2	—	—	—	—	—	—	2
Diseases of musculo-skeletal system ...	...	...	...	M	6	—	—	—	—	2	1	3
				F	14	—	—	—	2	2	3	7
Congenital anomalies ...	...	...	...	M	23	13	5	—	2	2	—	1
				F	19	8	1	2	5	—	3	—
Birth injury, difficult labour, etc. ...	...	...	...	M	22	22	—	—	—	—	—	—
				F	15	15	—	—	—	—	—	—
Other causes of perinatal mortality ...	...	...	...	M	6	6	—	—	—	—	—	—
				F	7	7	—	—	—	—	—	—
Symptoms and ill-defined conditions ...	...	...	...	M	3	—	—	—	1	—	—	2
				F	1	—	—	—	—	—	—	1
Motor vehicle accidents ...	...	...	...	M	34	—	2	1	15	6	3	7
				F	19	—	1	1	3	5	3	6
All other accidents ...	...	...	...	M	28	—	1	2	8	6	4	7
				F	31	—	2	1	4	2	6	16
Suicide and self-inflicted injury ...	...	...	...	M	22	—	—	—	8	4	7	3
				F	16	—	—	—	7	5	3	1
All other external causes ...	...	...	...	M	7	—	—	—	3	2	1	1
				F	6	—	—	—	1	3	1	1

TABLE 2

CAUSES OF DEATH REGISTERED DURING THE CALENDAR YEAR 1968

(Compiled from figures supplied by the Registrar General)

Death Rate per million population	Cause of Death					No. of Deaths 1968	Per-cent of all Deaths
26	Enteritis and other diarrhoeal diseases ...	...	...	...	...	11	0.2
19	Tuberculosis of respiratory system ...	...	...	...	...	8	0.2
16	Other tuberculosis, including late effects ...	...	...	...	...	7	0.1
2	Meningococcal infection ...	...	...	...	...	1	0.0
7	Other infective and parasitic diseases ...	...	...	...	...	3	0.0
290	Malignant neoplasm—stomach ...	...	...	...	...	124	2.3
634	Malignant neoplasm—lung and bronchus ...	...	...	...	...	271	5.1
227	Malignant neoplasm—breast ...	...	...	...	...	97	1.8
72	Malignant neoplasm—uterus ...	...	...	...	...	31	0.6
54	Leukaemia ...	...	...	...	...	23	0.4
1,171	Other malignant neoplasms, etc. ...	...	...	...	...	501	9.4
12	Benign and unspecified neoplasms ...	...	...	...	...	5	0.1
103	Diabetes mellitus ...	...	...	...	...	44	0.8
12	Avitaminoses, etc. ...	...	...	...	...	5	0.1
23	Other endocrine etc. diseases ...	...	...	...	...	10	0.2
35	Anaemias ...	...	...	...	...	15	0.3
5	Other diseases of blood, etc. ...	...	...	...	...	2	0.0
21	Mental disorders ...	...	...	...	...	9	0.2
9	Meningitis ...	...	...	...	...	4	0.0
91	Other diseases of nervous system, etc. ...	...	...	...	...	39	0.7
2	Active rheumatic fever ...	...	...	...	...	1	0.0
175	Chronic rheumatic heart disease ...	...	...	...	...	75	1.4
262	Hypertensive disease ...	...	...	...	...	112	2.1
3,153	Ischaemic heart disease ...	...	...	...	...	1,349	25.3
496	Other forms of heart disease ...	...	...	...	...	212	4.0
1,751	Cerebrovascular disease ...	...	...	...	...	749	14.0
624	Other diseases of circulatory system ...	...	...	...	...	267	5.0
112	Influenza ...	...	...	...	...	48	0.9
1,096	Pneumonia ...	...	...	...	...	469	8.8
678	Bronchitis and emphysema ...	...	...	...	...	290	5.4
35	Asthma ...	...	...	...	...	15	0.3
126	Other diseases of respiratory system ...	...	...	...	...	54	1.0
84	Peptic ulcer ...	...	...	...	...	46	0.9
7	Appendicitis ...	...	...	...	...	3	0.0
68	Intestinal obstruction and hernia ...	...	...	...	...	29	0.5
33	Cirrhosis of liver ...	...	...	...	...	14	0.3
124	Other diseases of digestive system ...	...	...	...	...	53	1.0

<i>Death Rate per million population</i>	<i>Cause of Death</i>	<i>No. of Deaths 1968</i>	<i>Deaths of all Per-cent</i>
35	Nephritis and nephrosis	15	0.3
19	Hyperplasia of prostate	8	0.2
79	Other diseases of genito-urinary system	34	0.6
2	Abortion	1	0.0
7	Other complications of pregnancy, etc.	3	0.0
7	Diseases of skin, subcutaneous tissue	3	0.0
47	Diseases of musculo-skeletal system	20	0.4
98	Congenital anomalies	42	0.8
86	Birth injury, difficult labour, etc.	37	0.7
30	Other causes of perinatal mortality	13	0.2
9	Symptoms and ill-defined conditions	4	0.0
124	Motor vehicle accidents	53	1.0
138	All other accidents	59	1.1
89	Suicide and self-inflicted injuries	38	0.7
30	All other external causes	13	0.2
NOTE—0.0 denotes less than 0.1 per-cent.		ALL CAUSES ...	5,329

TABLE 3

INFANT MORTALITY (Local figures, corrected for transfers)

<i>1967</i>	<i>Cause of Death</i>	<i>Total 1968</i>	<i>First Day</i>	<i>From one day to under one week</i>	<i>From one week to four weeks</i>	<i>Total under four weeks</i>	<i>Total from one month to under twelve months</i>
18	Pneumonia (4 weeks plus)	13	—	—	—	—	13
6	*Pneumonia of newborn	7	—	2	5	7	—
2	Bronchitis	8	—	—	—	—	8
2	Gastro enteritis	6	—	—	1	1	5
27	Congenital malformations	23	6	5	7	18	5
9	Birth injury	4	2	2	—	4	—
33	*Post natal asphyxia, atelectasis, etc.	30	13	15	2	30	—
—	*Haemolytic disease of newborn	2	2	—	—	2	—
1	Meningitis	4	—	—	—	—	4
7	Immaturity	9	6	2	1	9	—
13	Other causes	8	2	1	—	3	5
118	TOTALS	114	31	27	16	74	40
	Rate per 1,000 live births, 1967	16.8	5.6	5.1	1.6	12.3	4.6
	Rate per 1,000 live birth, 1968	16.9	4.6	4.0	2.4	11.0	5.9
*Where there has been mention of prematurity 1968 ...				31			
1967 ...				48			
1968 Infant deaths in : — Hospitals				91	(includes 8 in hospitals outside Bristol)		
Private nursing homes				Nil			
Private residences, ambulance				23			

TABLE 4

INFECTIOUS DISEASES NOTIFIED DURING 1968 (Local figures)

NOTIFIABLE DISEASE	At all ages		Incidence by age groups (1968)							Incidence by quarters of 1968						
	1966	1967	1968	0-1	1-4	5-14	15-24	25-44	45-64	65+	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.		
Dysentery	190	824	197	4	67	41	12	48	22	3	46	76	52	23
*Erysipelas	20	19	18	—	1	—	1	2	10	4	5	9	4	*
Food poisoning (Confirmed cases)	55	82	41	—	3	4	10	14	9	1	2	7	29	3
Glandular fever	118	162	152	—	6	28	101	17	—	—	30	49	38	35
Infective jaundice	556	487	278	—	21	136	47	44	27	3	84	47	87	60
Measles	3,530	3,721	933	43	600	279	9	1	1	—	156	163	259	355
Meningococcal infection	4	2	6	1	2	—	2	1	—	—	2	1	1	2
Ophthalmia neonatorum	1	3	13	13	—	—	—	—	—	—	1	2	1	9
*Pneumonia—primary	68	53	46	1	6	3	3	11	16	6	29	11	6	*
*—influenzal	14	2	15	—	—	1	3	2	4	5	15	—	—	*
*Puerperal pyrexia	16	24	19	—	—	—	13	6	—	—	8	5	6	*
*Acute rheumatism (under 16 yrs.) (confirmed cases)	11	8	1	—	—	1	—	—	—	—	—	1	—	*
Rubella	198	1,356	3,325	90	920	1,891	311	113	—	—	851	1,893	471	110
Scarlet fever	199	324	128	1	41	77	7	2	—	—	33	28	28	39
Whooping cough	117	333	261	17	131	107	3	3	—	—	98	92	44	27

* These diseases ceased to be notifiable w.e.f. 1st October, 1968

TABLE 5

TUBERCULOSIS NOTIFICATIONS

				CASES													
				Sex	At All Ages	Un- der one	1-	5-	10-	15-	20-	25-	35-	45-	55-	65 and over	
1968—																	
<i>Pulmonary Tuberculosis</i>																	
New notifications	...	...	...	M	53	1	3	—	—	3	4	6	7	9	10	10
				F	25	—	—	—	2	1	2	6	3	8	2	1	
Transfers from other areas	...	...	...	M	8	—	—	—	—	—	2	2	3	—	—	1
				F	1	—	—	—	—	—	1	—	—	—	—	—	
Deaths mentioning Tuberculosis, not notified	...	...	...	M	2	—	—	—	—	—	—	—	—	—	—	2
				F	—	—	—	—	—	—	—	—	—	—	—	—	
<i>Non-pulmonary Tuberculosis</i>																	
New notifications	...	...	...	M	5	—	—	1	—	—	1	2	—	—	1	—
				F	6	—	—	—	—	—	—	3	2	1	—	—	
Transfers from other areas	...	...	...	M	—	—	—	—	—	—	—	—	—	—	—	
				F	—	—	—	—	—	—	—	—	—	—	—	—	
Deaths mentioning Tuberculosis, not notified	...	...	...	M	1	—	—	—	—	—	—	—	—	—	—	1
				F	—	—	—	—	—	—	—	—	—	—	—	—	
<i>New Notifications—</i>																	
<i>Pulmonary—</i>																	
1967	...	...	...	M	42	—	—	3	1	2	2	8	7	1	6	12
				F	26	—	2	1	1	5	1	4	4	3	2	3	
1966	...	...	...	M	47	—	—	—	—	4	5	7	10	11	10	
				F	29	—	—	—	1	1	7	5	3	3	6	3	
1965	...	...	...	M	61	—	—	—	—	2	7	12	8	9	13	10
				F	26	—	—	—	—	3	3	2	4	5	4	5	
1964	...	...	...	M	108	—	1	—	2	4	7	22	16	17	20	19
				F	41	—	1	—	1	2	5	8	7	7	6	4	
1963	...	...	...	M	97	1	—	2	—	2	11	8	19	22	19	13
				F	45	—	2	1	1	2	9	10	8	7	4	1	
<i>Non-Pulmonary—</i>																	
1967	...	...	...	M	7	—	1	1	—	—	—	1	2	1	1	—
				F	8	—	—	—	—	—	—	4	2	—	—	2	
1966	...	...	...	M	3	—	—	—	—	—	—	—	2	1	—	
				F	10	—	—	—	—	—	1	4	2	—	3	—	
1965	...	...	...	M	5	—	—	—	—	2	—	—	1	—	2	—
				F	7	—	—	—	—	—	1	1	2	3	—	—	
1964	...	...	...	M	10	—	—	—	—	—	2	3	4	1	—	—
				F	10	—	1	—	—	—	1	4	2	1	—	1	
1963	...	...	...	M	5	—	—	—	—	—	—	2	—	1	—	2
				F	16	—	2	1	—	—	3	5	2	1	1	1	

ANALYSIS OF IMMUNOLOGICAL PROCEDURES COMPLETED DURING 1967/68

24

MORTALITY

Total deaths in 1968 numbered 5,329. The crude death rate was 12·5 per thousand mid-year population. Adjustment by the Registrar General's factor to allow for the age composition of the population gives a final rate of 11·9 per thousand, the same as the provisional rate for England and Wales.

The principal causes of death were again ischaemic heart disease, malignant neoplasms, cerebrovascular disease and respiratory disease.

Table 7
PRINCIPAL CAUSES OF DEATH

<i>Cause of Death</i>	<i>No.</i>	<i>Rate per 1,000 population</i>	<i>Percentage of total deaths</i>
Ischaemic heart disease	1,349	3·2	25·3
Malignant neoplasms (including leukaemia and aleukaemia)	1,047	2·4	19·6
Cerebrovascular disease	749	1·8	14·0
Respiratory disease (excluding cancer)	876	2·0	16·4

ISCHAEMIC HEART DISEASE

There were 1,349 deaths from this cause; these included 757 male deaths and 592 female.

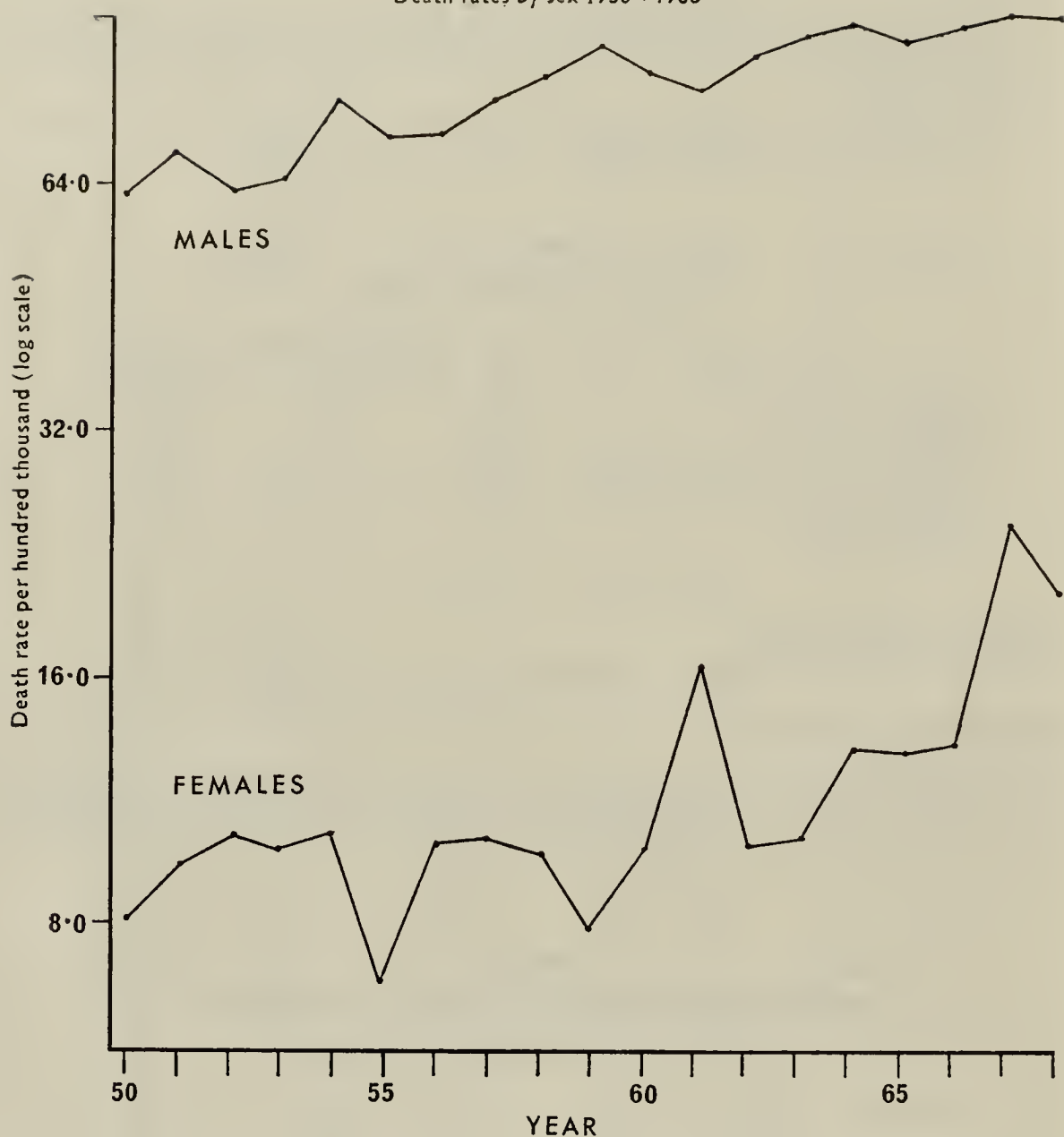
MALIGNANT NEOPLASMS

Malignant disease is the second most frequent cause of death. The most important is carcinoma of the respiratory tract—one of the plagues of present times. Deaths attributable to this cause have increased steadily over the years, the numbers of deaths and the resultant rates for the past 18 years in Bristol are shown in table 8 and figure 1 respectively.

Table 8
DEATHS FROM CARCINOMA OF LUNG AND BRONCHUS
BRISTOL COUNTY BOROUGH, 1950—1968

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Persons</i>
1950	125	19	144
1951	144	22	166
1952	125	26	151
1953	131	23	154
1954	167	31	198
1955	148	16	164
1956	152	23	175
1957	167	25	192
1958	184	22	206
1959	196	18	214
1960	180	22	202
1961	171	38	209
1962	188	23	211
1963	199	26	225
1964	203	33	236
1965	193	29	222
1966	203	36	239
1967	233	55	288
1968	225	46	271

Figure 1—Carcinoma of the Bronchus
Death rates by sex 1950—1968



The marked sex difference in the death rate from this condition is well illustrated. There has been, however, a tendency for deaths in females to increase since 1960, so that the gap between the sexes is showing a decrease at the present time. Whereas, in the past, the increase in mortality from this condition has been mainly contributed by the male, this role is now passing to the female.

It is possible to see yet another link in the evidence connecting cigarette smoking with lung cancer in this new phenomenon. Since the rise in cigarette smoking in men started before the similar increase in the habit in women, it might be expected (if they were linked) that a rise in mortality from lung cancer would occur first in the male.

It is an unfortunate fact of life that, in spite of all the evidence now accumulating about the health risks inherent in cigarette smoking, many people persist with the habit, and little incentive is given by those in authority to change to the less harmful pipe or cigar.

ACCIDENTS

112 residents died from accidents in Bristol in 1968. 53, including five children, died as a result of road accidents. 27 were killed in their homes, and seven died as a result of an accident at work.

SUICIDE (Analysis based on local figures)

This year there have been fewer deaths due to suicide. This is a welcome reversal of the trend of the previous two years.

Table 9

BRISTOL SUICIDES 1967 & 1968

<i>Age Group</i>	<i>Males</i>		<i>Females</i>		<i>Persons</i>	
	1967	1968	1967	1968	1967	1968
Under 20	0	1	0	2	0	3
20-29	4	3	1	1	5	4
30-39	6	5	3	3	9	7
40-49	8	1	5	3	13	4
50-59	4	3	7	2	11	5
60-69	6	6	6	4	12	10
70-79	1	3	3	1	4	3
80 and over	3	2	1	0	4	2
Totals	32	24	26	16	58	39

Table 10

METHODS OF SUICIDE 1967 & 1968

<i>Method used</i>	<i>Males</i>		<i>Females</i>		<i>Persons</i>	
	1967	1968	1967	1968	1967	1968
Poisoning:—						
Aspirin	2	1	2	0	4	1
Barbiturates and narcotics	7	4	9	7	16	11
Other solids	0	0	1	0	1	0
Coal gas	16	8	9	4	25	12
Other CO gas	0	4	0	0	0	4
Falls	0	1	3	2	3	3
Drowning	0	2	1	0	1	2
Hanging	6	2	1	2	7	4
Sharp instrument	0	1	0	1	0	2
Gunshot	1	0	0	0	1	0

There were in addition to those shown in the tables six cases, two male and four female, in which the circumstances were too obscure for a decision to be made as to whether the death was accidental or deliberately self-inflicted. Four of these persons, one male and three females, died from overdoses of drugs, one male was found drowned and one female was found gassed.

INFECTIOUS DISEASES IN 1968

This year has been marked by a high incidence of rubella, and there were ten more cases of tuberculosis than in 1967. Figures for all other notifiable diseases show a fall by comparison with last year, the most noticeable decreases occurring in respect of the gastro-intestinal diseases, infective jaundice (formerly notifiable as infectious hepatitis) and scarlet fever. There was a small outbreak of influenza at the beginning of the year, but this never reached truly epidemic proportions.

An important event was the introduction of the Health Services and Public Health Act (1968) which, inter alia, rendered the legislation concerning the notification of infectious diseases less complex, and brought about some revision of the diseases scheduled as notifiable. As a result of these changes, the list of infectious diseases now notifiable in Bristol reads as follows:—

Anthrax	Acute Encephalitis, Post-infective
Cholera	Acute meningitis
Diphtheria	Food poisoning
Dysentery	Infective jaundice
Acute Encephalitis, Infective	Leprosy

Leptospirosis	Smallpox
Malaria	Tetanus
Measles	Tuberculosis—respiratory
Mononucleosis	meninges & C.N.S.
Ophthalmia neonatorum	other
Plague	Typhoid fever
Acute poliomyelitis (paralytic and non-paralytic)	Paratyphoid fever
Relapsing fever	Typhus fever
Rubella	Whooping cough
Scarlet fever	Yellow fever

INFECTIOUS DISEASES DUE TO BACTERIA

Tuberculosis

There was a check in the downward trend of notifications of this disease in 1968; 89 cases were notified, as compared with 83 in the previous year. There were 78 cases of pulmonary tuberculosis (68 in 1967).

As may be seen from table 10, this year's increase has occurred in the age group 45–64. The more detailed breakdown of this group by sex and age shows that it affected males in both age groups and females in the age group 45–54.

Table 11
NOTIFICATIONS OF PULMONARY TUBERCULOSIS IN BRISTOL
1967 & 1968

<i>Age group</i>	<i>1967</i>	<i>1968</i>
0–	0	1
1– 4	2	3
5–14	6	2
15–24	10	10
25–44	23	22
45–64	12	29
65 & over	15	11
Totals	68	78
<i>Group in age range 45–64, by sex</i>		
<i>Age group</i>	<i>1967</i>	<i>1968</i>
45–54 M	1	9
F	3	8
55–64 M	6	10
F	2	2

The occurrence of active pulmonary tuberculosis in these age groups is usually due to the breakdown of longstanding quiescent or latent lesions, so that these cases may be regarded as the legacy of infections acquired in the past. More important as indicators of new infections are cases arising in younger persons. In 1968, 11·5% of new notifications related to persons under the age of 20, as compared with 20% in the previous year. Scrutiny of the records of the nine 1968 cases shows that in two the infection was diagnosed very soon after their arrival in Bristol. Thus infection was probably acquired here only in seven. Four were almost certainly infected by older relations who were known cases, but in three cases—a child of three, a girl of 11 and a youth of 17—the source of infection was not traced.

Whooping Cough

There were fewer cases of whooping cough this year, following the small epidemic which occurred in 1967. The disease showed a steady decline in incidence from June onward; 63% of the cases occurred in the first half of the year (table 4).

Meningococcal Infection

Six cases were notified. Although this is a small number, it represents a slight increase on the previous year. The presence of the meningococcus in the throat is not a danger to most people, but just occasionally resistance to the organism breaks down, and septicaemia or meningitis

results. It is therefore a disease associated with impaired bodily resistance which may be brought about by overcrowding, poor nutrition, or similar socio-medical factors, which undermine the natural defence mechanisms of the body.

When a case occurs, the home circumstances are investigated for any factors present which might encourage the spread of the organism or predispose others to the development of the condition, and any necessary action is taken.

STREPTOCOCCAL INFECTIONS

Scarlet Fever is the only condition which is now notifiable and which gives any indication of the activity of the streptococcus in the community. In 1968, there were 128 notifications of this condition, as compared with 324 in the previous year.

GASTRO-INTESTINAL INFECTIONS DUE TO BACTERIA

Dysentery

In 1967, there was a sharp increase in the numbers of cases of dysentery being notified. This has been followed by a fall to 197 this year, making 1968 one of the years of lowest incidence. Table 12 shows the numbers of notifications received during the last ten years.

Table 12
DYSENTERY—BRISTOL C.B. 1959—1968

<i>Year</i>	<i>Cases notified</i>	<i>Year</i>	<i>Cases notified</i>
1959	339	1964	544
1960	699	1965	579
1961	187	1966	190
1962	442	1967	824
1963	849	1968	197

Food Poisoning

It is gratifying to be able to report a further fall in notifications of food poisoning. There were 41—all due to salmonella infections. The organisms isolated were as shown in table 13. As usual, salmonella typhimurium was the commonest.

All cases were investigated. A food link was established between only two separate household infections. All others were isolated and apparently unrelated occurrences.

Table 13
SALMONELLAE ISOLATED IN BRISTOL IN 1968

S. typhimurium	...	...	18
S. panama	...	...	8
S. muenchen	...	...	3
S. montevideo	...	...	3
S. indiana	...	...	2
*others	...	...	6

*(havana, anatum, give, newport, heidelberg, livingstone, brandenburg)

No cases of typhoid or paratyphoid fever were reported in Bristol in 1968.

INFECTIOUS DISEASES DUE TO VIRUSES

Influenza

By the end of 1967 it was already apparent that more cases than usual of influenza were occurring in the city. Incidence of this infection was carefully noted from the beginning of 1968. The department was in daily touch with general practitioners who gave helpful information and large firms in the city gave details of absenteeism. The local office of the Ministry of Social Security kept me informed of sickness benefit claims. Notifications of pneumonia and registrations of death were scrutinised for evidence of influenza as a possible factor in the illness.

There was a considerable amount of winter illness about at this time, but isolations of A2 virus were made on a number of occasions. Deaths in which influenza played a part, and those attributed to pneumonia (not necessarily influenzal), occurred as shown in table 14. Deaths from

pneumonia were relatively more numerous at the beginning of the year, and there were more deaths associated with influenza than usual during the early weeks. In the first thirteen weeks of 1968, there were 210 deaths from pneumonia. This compares with 93 in the same part of 1967 and gives some measure of the impact of winter illness at this time of the year. There were 51 deaths attributed to influenza in this period (3 in 1967).

In August 1968, a new variant of the A2 virus was isolated from a case of influenza in Hong Kong. The World Health Organisation in London subsequently reported that there was very little cross-immunity between the new and previous strains, so that an epidemic seemed possible during the following winter. The department kept in close touch with manufacturers of influenza vaccines, and when it became apparent that a new vaccine would become available, an early order was placed for 1,000 doses to be used to protect key workers employed by the Corporation. These were defined as 'individuals providing an essential service for which there would be a continuing or possibly an increased demand during an influenza epidemic'. It was considered that employees falling within this definition were ambulance drivers, firemen, home nurses, home helps, midwives, and essential staff in residential homes. Senior resident officers of the main Bristol hospitals and the police were also told of the emergence of the new strain and the probable availability of the vaccine. Vaccination of those members of priority groups who asked for it was carried out in November and December.

Information was passed to medical officers and senior nursing staff of residential homes for the aged, so that provision could be made for the protection of vulnerable persons. By the end of the year, considerable difficulty was being experienced in obtaining vaccine for these persons, because of a nation-wide shortage.

During the latter part of the year, reports of widespread outbreaks of influenza due to the new variant were being received from various parts of the world through the World Health Organization, although there were no reports of extensive outbreaks in the U.K. The department was once more keeping a careful watch for the appearance of influenza in Bristol.

Table 14
DEATHS DUE TO WINTER ILLNESS, 1968

<i>Week No.</i>	<i>Associated with or due to influenza</i>	<i>Due to pneumonia</i>
1	3	14
2	5	25
3	8	24
4	1	16
5	8	16
6	6	11
7	5	16
8	4	11
9	2	10
10	2	14
11	1	7
12	—	9
13	—	9
First quarter inward transfers*	6	28

*deaths of Bristol citizens occurring outside the city

Measles

This was a relatively quiet year for measles; 933 cases were notified (3,712 in 1967). Vaccination against the disease continued, details are given on page .

Rubella

This year there was an undoubted epidemic of rubella in Bristol, which followed the rise in notifications which had already occurred in 1967. There were 3,325 notified cases—more than double the total for 1967, and the largest number in any year since notification commenced at the end of 1962.

Table 15
NOTIFICATIONS OF RUBELLA, BRISTOL C.B.

<i>Year</i>	<i>Number</i>	<i>Year</i>	<i>Number</i>
1963	1,559	1966	198
1964	287	1967	1,356
1965	539	1968	3,325

The highest notification rates were received in the north and in the south of the city, there being lower attack rates in central areas. The rates shown in figure 2 are based on notifications in persons under 35 years of age, which accounted for 97% of notifications received. Notifications reached their peak first in north west Bristol (in March), while May proved to be the month of greatest incidence in central and southern parts of the city. The epidemic had subsided by August (figure 3).

The age distribution of the cases is shown in table 4 (p. 22). As might be expected, 87% of the notifications were related to persons less than 15 years of age.

Figure 2—Rubella in Bristol 1968
Notification rates for the year, by ward
(based on cases in population aged under 35)

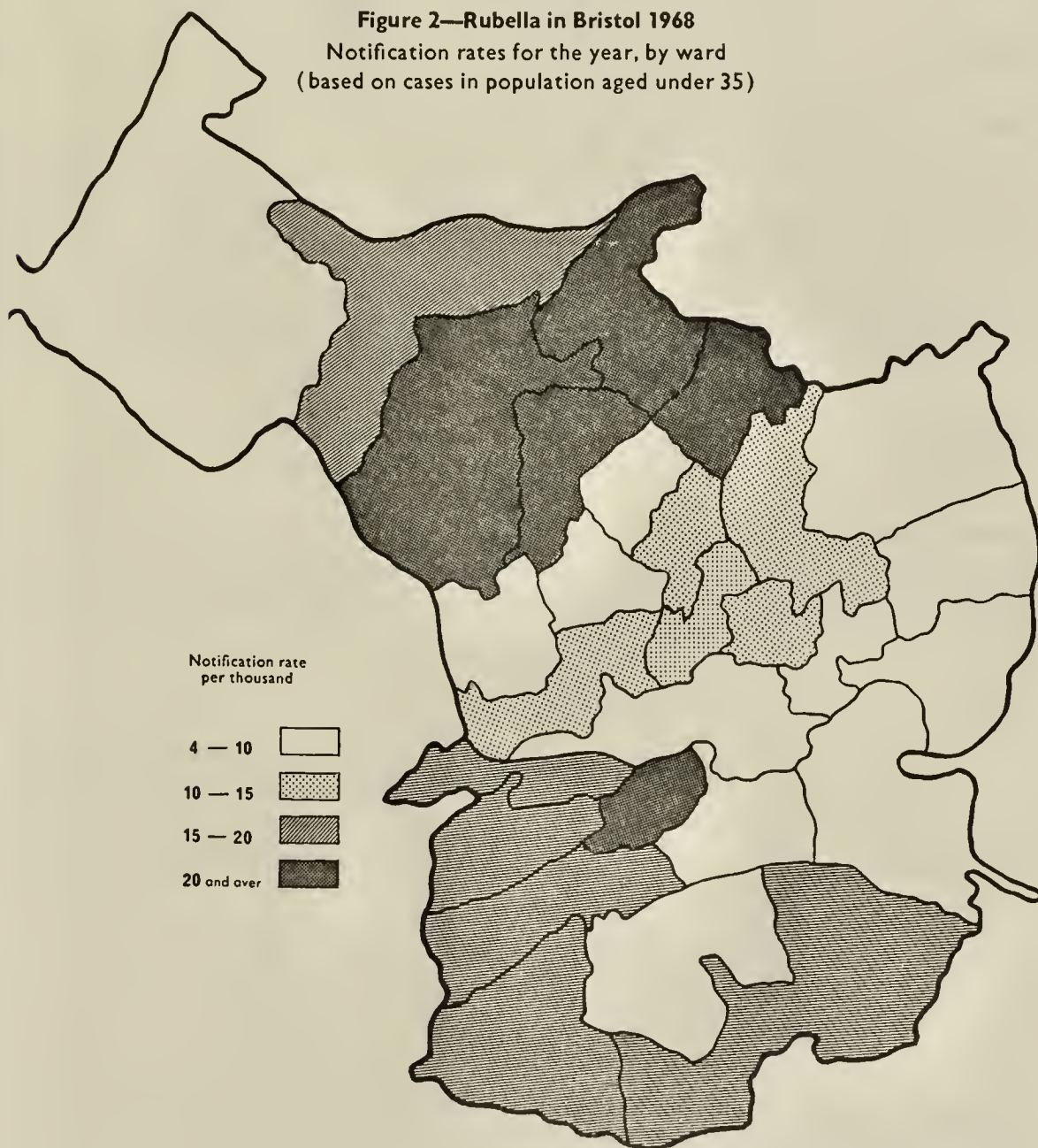
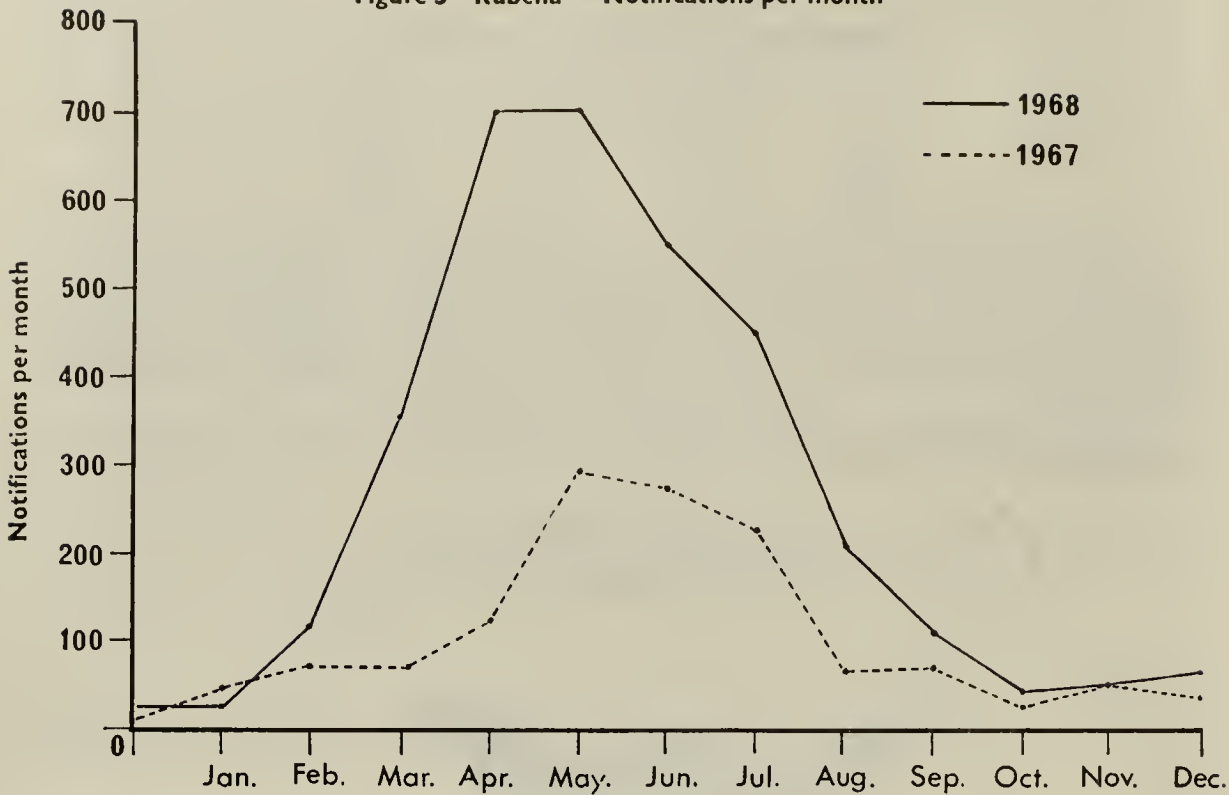


Figure 3—Rubella — Notifications per month



During 1969, watch will be kept on the incidence of congenital malformations. Gamma globulin was freely available to women who were in contact with cases while in the early stages of pregnancy, and 287 doses were issued in Bristol during 1968.

Infective jaundice

This was again a year of comparatively low incidence, there being 278 cases notified. The incidence of new cases was fairly evenly spread throughout the year, and, as usual, most occurred in persons aged between 5 and 14 years.

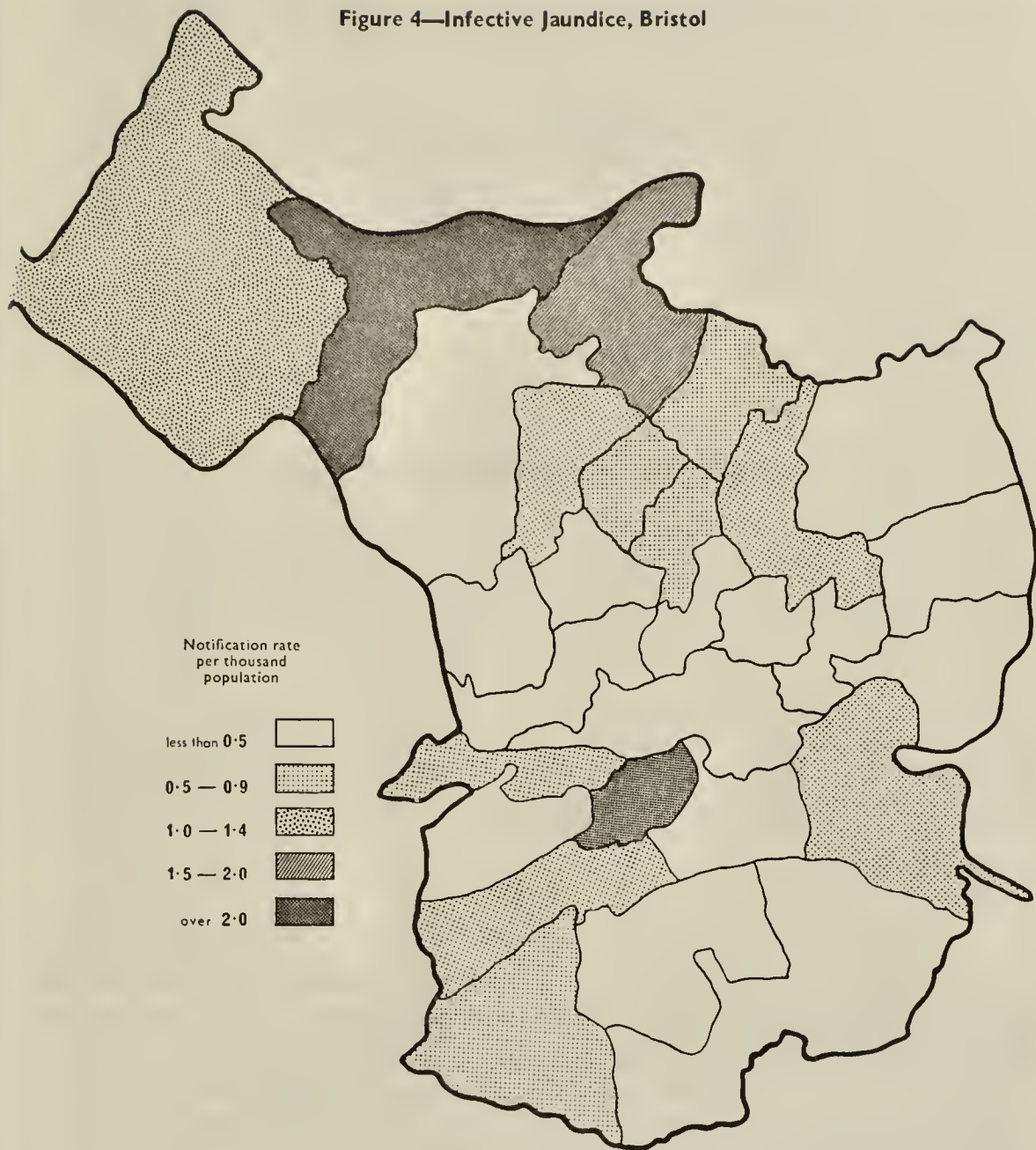
Table 16

INFECTIVE JAUNDICE BRISTOL C.B.

Year	Children 0-14 years	Adults 15 and over	Totals
1961	738	222	960
1962	183	105	288
1963	38	74	112
1964	63	64	127
1965	179	109	288
1966	331	225	556
1967	305	182	487
1968	157	121	278

There is little variation in the distribution of cases throughout the city from year to year. Figure 4 shows the notification rates of this condition by city wards in 1968.

Figure 4—Infective Jaundice, Bristol



ENTERO-VIRUS INFECTIONS

Aseptic meningitis and acute encephalitis

There were 15 Bristol admissions to Ham Green Hospital for these conditions this year. Their age and sex distribution is shown in table 17.

Table 17

Age Group	Males	Females	Persons
4—	1	0	1
5—	2	0	2
10—	1	0	1
15—	2	0	2
20—24	1	5	6
25—34	2	1	3
Totals	9	6	15

The Public Health Laboratory Service isolated entero-viruses from 44 cases of meningitis and 24 other conditions during the year. The majority of the patients were Bristol citizens.

Table 18

<i>Entero-virus</i>	<i>No. of isolations</i>	<i>Entero-virus</i>	<i>No. of isolations</i>
Echo 6	24	Coxsackie B2	9
Echo 30	17	Coxsackie B4	4
Echo 11	6	Coxsackie B5	1
Echo 9	3		
Echo 22	1		

Glandular Fever

The number of cases of this condition notified during 1968 was closely similar to that for the previous year (table 19).

Table 19

NOTIFICATIONS OF GLANDULAR FEVER 1963—1968

<i>Year</i>	<i>0-4</i>	<i>5-14</i>	<i>15-24</i>	<i>25 and over</i>	<i>All ages</i>
1963	3	31	67	18	119
1964	4	12	105	21	142
1965	6	34	101	13	154
1966	3	15	88	12	118
1967	11	35	101	15	162
1968	6	28	101	17	152

Recent work in the United States now suggests that the cause of glandular fever is infection with a virus closely similar, if not identical, to the virus which has been isolated from cases of lymphoma by Epstein and Barr. It seems probable that infection with E.B. virus occurs frequently and usually asymptomatically in children, but that infection in young adults sometimes results in the appearance of the clinical picture of glandular fever.

OTHER CONDITIONS

Scabies

This is an infestation with the mite *sarcoptes scabiei*, which results in irritation of the skin and sometimes secondary infection, caused by scratching. It is an unpleasant condition, transmitted by close contact with an infested person, but is readily amenable to treatment once recognised. One of the problems relating to the control of the condition is the fact that an infested person remains free of symptoms for up to a month from his first infestation, so that he may be an unwitting transmitter of the mite to others before he attempts to get treatment.

In recent years there have been reports from some cities of a renewed prevalence of scabies. There has been no reason to suspect that this has happened in Bristol, but in view of these reports a new routine was introduced in 1967 to enable more effective surveillance of the condition to take place. Cases coming to the notice of nursing staff and health visitors, or to the notice of the consultant dermatologists in hospital clinics were reported to the epidemiology section. Although this cannot reveal all cases occurring in the city, it makes some monitoring of incidence possible, and enables follow up action to be taken to ensure complete tracing and treatment of contacts who might be at risk of cross infestation. Follow up also makes it possible to ensure that the treatment, which is very simple, and effective if properly applied, has eradicated the infestation.

This has been the first complete year in which the new system has been in operation. Altogether, 66 family outbreaks were reported. They came to notice in various ways, which may be summarised as follows :—

From general practitioners —	
(a) through hospital O.P.D.	17
(b) through health visitors and clinics ...	16
From school medical inspections	12
From clinics (spontaneous attendances)	8
From health visitors	6
Others	7

Details of contacts with other persons were always sought, and in 24 cases it was possible to make an inference as to the probable source of infestation. In 18 cases there was a history of contact with friends or relatives with similar rashes, in five cases there were contacts at school, and in one case there was a contact at work.

Cases were distributed throughout the city. There was only one localised outbreak, which occurred in Hengrove ward; as a result of this the total of households infested in this area during the year was 12. The highest number in any other ward was six.

<i>No. of infestations reported</i>	<i>No. of wards</i>
12	1
6	1
4	3
3	4
2	10
1	3
0	6

With modern methods, treatment can usually be carried out at home, and relapses are rare. This year, only three relapses were discovered by follow up visits, and one of these was first infested in 1967.

Special baths are now only given in exceptional cases where there are special difficulties—for example, no bath available at home, or parent unable to carry out treatment properly. The number of baths given can therefore no longer be used as an index of the number of cases occurring. During 1968, baths for the treatment of scabies were given to 12 males at Feeder Road Disinfection Station, and to four females at the Central Clinic, Tower Hill.

FLOODS

In July, severe flooding occurred in many low lying parts of the city, the Bedminster area being particularly badly affected.

The Department of Health and Social Services was responsible for minimising health hazards. This involved ensuring that adequate medical and first aid supplies were available to the Red Cross and St. John Mobile First Aid Station. Advice was also given on matters of hygiene and disinfection.

One of the most insistent problems was the disposal of contaminated food and drink and refrigerators with contaminated insulation. In these matters invaluable help and advice was provided by the Public Health Laboratory Service.

VACCINATIONS AND IMMUNISATIONS 1968

Throughout the year every effort was taken to keep the subject of vaccinations and immunisations prominent in the minds of clinic staff and doctors alike. In March, the Ministry of Health published its recommendations for a new protective schedule which varied in several details from that which had been used in Bristol for the past eight years.

It seemed on balance that there were no really compelling reasons for altering the Bristol schedule provided the 18 months and 4½ years booster injections remained. The change could always be made at a later date if present policy failed to produce an adequate protection rate.

Bristol's rate appeared to be rather low when the Chief Medical Officer published his comparative tables in his Annual Report for 1967 but on investigation this was revealed to be caused by incomplete recording of procedures—a situation which was rectified.

As Departmental policy, from the community point of view, a target protection rate of 75% is considered adequate to prevent any epidemic and well within the realms of possibility without stretching resources to an inefficient extent.

Clinics showed much interest in sets of figures published each month showing their individual performances as a rate per 1,000 children between the ages of 0 and 5 in each clinic catchment area.

It was explained to health visitors that it was not justifiable to regard such rates as directly comparable between clinics, although they could judge their own performance month by month. As a result of the preparation of these figures, several clinics were encouraged to carry out local campaigns, as a result of which they achieved a higher place in the table.

The immunisation rate for children born in 1967 rose to 85%—the highest ever, and booster rates rose accordingly. Averaged over the last six years, the rate of 75% for diphtheria and

tetanus immunisation is achieved. All the signs suggest that this excellent rate will be maintained and probably improved. Poliomyelitis immunisation rates are lower at 67% and some concentration of effort in this area is needed.

The great value of feed back of information to clinics has been well demonstrated by these results.

Measles Vaccination

From January 1st, 1968, following discussions with the Local Medical Committee and the Medical Research Council, Bristol decided to change from offering killed measles vaccine followed by live to a policy of offering live alone. No increase in reaction or public concern was recorded and the change made it easier to encourage parents to arrange for their children to be protected.

In May, Ministry policy advocated vaccination for older children who were still susceptible. Initially, vaccine was in short supply but a scheme was designed to offer vaccination to children of nursery and primary school age. The scheme, which was designed to affect school routine and the local authority services as little as possible, was given full support by the Local Medical Committee and the Teachers' Consultative Committee.

Consent forms were sent to all schools who were willing to take part. The vast majority of parents chose to have their children vaccinated in school although some expressed a preference to take them to their general practitioners. An analysis of forms returned showed that approximately 5-10% of the primary schools' population required vaccination.

Two teams consisting of a doctor, nurse and clerk were organised and were made entirely self-sufficient and personally responsible. Appointments were made by telephone with school departments and two two-week periods were allocated to the campaign either side of the spring bank holiday. Each team was provided with a list of the day's visits arranged and confirmed, entirely by telephone, with the person each school had designated for this purpose. Each team visited on average three school departments each day, performing a total of 90 vaccinations per day. At the end of the day, the teams returned to the pharmacy to return unused vaccine, return completed consents, and collect the next day's visits.

At one point, vaccine became very scarce owing to national demand and neighbouring local authorities very generously lent enough to continue the intensive campaign.

By the end of the four weeks 3,109 children in 125 school departments had been vaccinated with no serious complications. Our thanks are due to the schools who co-operated so magnificently and Drs. Pauli and Maxa who, with their teams, were entirely responsible for the success of the school visits.

Schools which had been unable to co-operate in the major campaign were included when the scheme was extended to include private schools, special schools, nursery schools and day nurseries later in the year.

Influenza Vaccination

When it was learnt that a new Asian influenza variant was likely to spread to Great Britain from the Far East, a very early order for 1,000 doses of the appropriate vaccine was placed with the manufacturers.

Arrangements were made to offer this to key personnel on a system based on "ration authorisation cards" which were allocated to section heads for distribution as they deemed necessary to those people whom they considered key personnel within a definition approved by the Social Services Committee.

Five vaccination sessions were arranged at the Central Health Clinic, when a total of 743 were vaccinated. The remaining doses were then re-allocated on the same basis and by 23rd December all vaccine was used.

A study was arranged to evaluate its effect on sickness rates in the ambulance personnel and home helps. The results of this study are expected to appear in the Report for 1969.

B.C.G. Vaccination

The policy of offering vaccination against tuberculosis to children in secondary schools continues. During 1968, a very satisfactory acceptance rate of 82% was achieved.

Number skin tested (Heaf test)	7,075
Number defaulting reading	558
Number tested and read	6,517
Number found negative	5,425

Number with previous history of B.C.G.—			
found positive to skin test	...	...	529
found negative and revaccinated	...	...	134*
Number found positive with no history of B.C.G.			
(natural converts)	...	...	563
Natural conversion rate	...	...	8.5%

* This figure includes 45 grade 1 positives who were revaccinated as a precautionary measure in April, when an entire secondary school was screened because there was a risk that the children may have been exposed to a case of tuberculosis. The Heaf testing did not reveal an increased natural conversion rate and, fortunately, the case was found to have been non-infectious.

All the above routine B.C.G. vaccinations were performed by Dr. J. L. S. James. This arrangement ensures maximum consistency of Heaf interpretation which is important if year to year comparisons are to be made.

Foreign Travel Clinic

Weekly clinics are held throughout the year at Tower Hill Clinic at which yellow fever vaccinations can be obtained and, where necessary, other injections can be given to intending travellers.

During 1968, 2,507 persons attended these clinics and a further 377 attended specially arranged sessions.

Inoculations given (completed courses only)

Yellow Fever	...	1,072
T.A.B.T.	...	216
Smallpox	...	871
Cholera	...	219
Typhus	...	22

The majority of those attending the clinic (42%) were going abroad on holiday. The next most common reason for travel was business (30%). 12% of those attending were emigrants. Almost two-thirds intended to travel by air.

METEOROLOGICAL RECORDS 1968

	Air Temperature (°C)				No. of ground frosts	Rainfall (")		Sunshine (Hours) Percent of Daily Mean Average		Soil Temperature at 0900 G.M.T.					
	Means A	Means B	Means of A & B	Diff. from normal		Max.	Min.	Total	Percent of Average	Most in a day	4"	8"	24"		
January	...	8.0	2.8	5.4	+0.7	13	-6	2.79	83	.93	1.21	74	4.2	4.4	5.9
February	...	5.3	-0.5	2.4	-2.5	8	-4	1.98	80	.45	2.13	89	1.8	2.5	5.0
March	...	10.3	3.1	6.7	+0.1	21	-2	1.23	54	.22	4.66	133	4.8	5.1	5.8
April	...	12.8	3.7	8.3	-0.4	20	-3	3.22	143	.61	5.82	112	7.9	7.9	8.8
May	...	14.5	6.2	10.4	-1.3	22	1	2.78	113	.59	5.38	75	11.3	10.8	11.8
June	...	19.6	11.3	15.4	+0.7	27	7	3.31	153	.85	6.86	97	16.5	16.1	15.8
July	...	18.1	11.6	14.8	-1.7	28	8	6.41	207	5.10	6.28	109	17.4	17.2	17.3
August	...	19.7	12.6	16.1	0.0	28	9	2.24	61	.61	4.37	75	16.3	16.5	16.9
September	...	17.8	10.8	14.3	+0.4	24	5	3.87	120	.64	4.20	98	13.9	14.1	16.0
October	...	15.6	10.4	13.0	+2.4	19	4	3.02	82	.42	1.80	56	12.2	12.4	14.2
November	...	9.8	4.7	7.3	+0.2	16	-6	3.34	91	.92	1.75	92	6.6	7.2	9.9
December	...	6.5	1.6	4.1	-0.9	11	-5	3.20	90	.69	1.62	113	3.6	4.2	6.9
Totals of Means		13.2	6.5	9.9	-0.2	—	—	37.39	104	—	3.84	93	9.7	9.9	11.2

Figures supplied by courtesy of the University of Bristol's Department of Agriculture and Horticulture Research Station, Long Ashton.

VENEREAL DISEASE

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The incidence of Venereal Disease continues to rise both Nationally and locally.

TABLE 1

NEW CASES — ALL CONDITIONS — BRISTOL VENEREAL DISEASES CLINICS

1963—1968

<i>Year</i>	<i>All Cases</i>	<i>Bristol Residents</i>
1963	2,968	2,448
1965	4,404	3,635
1968	4,789	3,956

SYPHILIS

The incidence of early syphilis remains low in Bristol. 14 such cases were seen during 1968. A further four cases were seen at the Avonmouth Dock Clinic. Only four cases of congenital syphilis were seen during the year, all over the age of 15 years.

TABLE 2

NUMBER OF CASES OF SYPHILIS SEEN AT BRISTOL CLINICS 1961—1968

<i>Year</i>	<i>Early Syphilis</i>	<i>All Cases Late Syphilis</i>	<i>Congenital Syphilis</i>	<i>Total</i>	<i>Early Syphilis</i>	<i>Bristol Residents Late Syphilis</i>	<i>Congenital Syphilis</i>	<i>Total</i>
1961	12	25	—	37	4	20	—	24
1963	31	33	—	64	14	28	—	42
1965	16	8	—	24	—	8	—	8
1967	28	9	3	40	4	17	3	24
1968	19	21	4	44	13	5	3	21

GONORRHOEA

The marked increase in the incidence of gonorrhoea in Bristol in 1967 over the previous year reflected the efficacy of the contact tracing procedure introduced in that year. In 1968 there was a slight fall in incidence and the high proportion of female to male patients is evidence of the excellent contact tracing service which must play a very significant part in containing the incidence in the city.

TABLE 3

INCIDENCE OF GONORRHOEA — BRISTOL CLINICS, 1962—1968

<i>Year</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
1962	429	148	577
1965	543	337	880
1966	538	255	793
1967	665	388	1,053
1968	673	355	1,028

The rising proportion of young people requiring treatment for gonorrhoea in England and Wales has been causing concern for some years. In Bristol the proportion under 20 years of age has remained fairly constant. Approximately one third of all the female patients and one tenth of all the male patients with this condition are under the age of 20 years.

TABLE 4

GONORRHOEA — MAUDLIN STREET CLINIC, BRISTOL
PERCENTAGE OF PATIENTS UNDER 20 YEARS, 1961—1968

<i>Year</i>	<i>Male %</i>	<i>Female %</i>
1961	7·4	32·7
1963	7·7	30·0
1965	9·3	35·0
1967	10·5	39·4
1968	8·3	33·0

A more detailed analysis of these young patients shows that the great majority were 18 or 19 years old at the time of infection.

TABLE 5

GONORRHOEA — MAUDLIN STREET CLINIC, BRISTOL
AGE ANALYSIS 1968

AGE GROUPS UNDER 20 YEARS

<i>Year</i>	<i>Under 16</i>		<i>16 and 17 years</i>		<i>18 and 19 years</i>		<i>Total under 20 years</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
1968	—	3	8	39	42	69	50	111

MATERNAL AND CHILD HEALTH SERVICE

Sarah Walker

(Senior Medical Officer, Maternal and Child Health Service)

In 1968 the number of live babies registered as born to Bristol mothers was 6,731, giving a live birth rate of 16·2. This is the lowest birth rate since 1961 which was also 16·2. This would appear to reflect the extension and use of family planning advice.

There has also been a small but welcome reduction in the number of illegitimate births, 670 (9·7% of total live births) compared with 742 (10·6%) in 1967.

The infant mortality rate of 17·1 is a little higher than the record figure of 16·8 in 1967. For the first time since 1961, the illegitimate infant mortality rate is less than the legitimate rate, 15·7 as against 17·2.

The stillbirth rate was 15·1 (12·8 in 1967) and the perinatal mortality rate 23·7 (23·4 in 1967). There were four maternal deaths during the year, two were due to haemorrhage associated with ectopic pregnancy, one due to amniotic fluid embolism, and an associated death of a mother with congenital heart disease, following the birth of her first baby, due to heart failure.

The proportion of hospital to domiciliary births, 89% to 11% is the highest hospital delivery rate ever recorded in the City. The hospital figure does, however, include 98 births in the short stay General Practitioner Unit at Southmead Hospital, where mothers are attended by their general practitioner and domiciliary midwife. The work in this Unit is described later in this report. From our experience there certainly appears to be a good case for extending this Unit. A new General Practitioner Maternity Unit, providing 23 beds was opened in May 1968 at the Walker Dunbar Hospital.

Planned early discharge from Maternity Hospitals continues as an accepted policy and is popular with the mothers.

Early discharges during the year:—

1st—3rd day inclusive	—	938 (1012 in 1967)
4th—5th day inclusive	—	742 (644 in 1967)
6th—8th day inclusive	—	397 (318 in 1967)

While it has not been possible to date to fully implement the Family Planning Act 1967, in providing a free service for all women, both the Health Department and the Family Planning Association have extended their work. The Health Department provides a free advisory service for women where there are medical or medical-social reasons for birth control. The following numbers were seen in 1968:—

<i>New Clients</i>	<i>Old Clients</i>	<i>Total</i>
941	2,943	3,884

Out of the 941 new clients, 727 attended for the fitting of an intra-uterine contraceptive device. This method has proved especially valuable for clients to whom other methods are unacceptable or difficult to manage. The Family Planning Association hold sessions at seven of the main Health Clinics/Centres, these include a special session for the unmarried.

Facilities continue to be provided in main Health Clinics and Centres for cervical smear tests. A total of 5,825 women had smears taken during the year compared with 5,182 in 1967. Of these, three women were found to have carcinoma of the cervix and were treated by hysterectomy, thirteen were referred for cone biopsies for suspected carcinoma-in-situ. In addition to the clinic programme, cervical smear tests were carried out for the employees of three local firms. In the biggest firm, 867 women had smears taken by a Medical Officer of our Department visiting the factories concerned.

Due to under occupation it was decided to close the Department's Mother and Baby Home at 11/13 Snowdon Road at the end of the year. The Mount Hope Salvation Army Home and St. Raphaels Roman Catholic Home also closed down during 1968. An agreement has been reached with the one remaining voluntary Home in the City, St. Johns, Ashley Road, by which they will accept Bristol cases on our behalf in return for a financial grant. We are indebted to the kind co-operation of the St. John's Committee in making this arrangement possible. It is a general experience throughout the Country that requests for admission to Mother and Baby Homes have fallen steeply in recent times, in spite of the general rise in illegitimacy. One factor appears to be the greater willingness of parents to allow their daughters in these circumstances to remain in the family.

In the Child Health Service new records for use in the Child Health Clinics were introduced on the 1st January 1968. These are especially designed to record the developmental progress of the child during the important early years of life.

At the beginning of the year, a pilot trial in association with Southmead Hospital, of a blood test as an alternative to a urine test in babies, for phenylketonuria was introduced in a sector of the City. Blood specimens by heel prick are taken between the 10th and 15th day of life, by health visitors and midwives. This has proved a useful exercise in anticipation of going over to universal blood testing in 1969.

An important legislative change in connection with the day care of children, has been included in the Health Services and Public Health Act 1968, Section 60, which requires the registration of a child minder who looks after one or more children under the age of five years, for reward, for a period of two hours or longer. The new Act came into operation on the 1st November 1968, with a period of three months allowed for registration by 1st February 1969. This has placed a considerable amount of additional work on the Department, but is welcomed as a step to control and improve the standards of child minding.

The following reports relate to some of the work undertaken by the Maternal and Child Health Service.

GENERAL PRACTITIONER SHORT STAY DELIVERY UNIT—SOUTHMEAD HOSPITAL

Dr. Sarah Walker

With the agreement of the Health Committee and Southmead Hospital Management Committee, a small pilot trial of a general practitioner short stay delivery unit, based at Southmead Hospital, has been operating since mid September 1967.

One delivery bed, with two extra beds to cover any overlap of cases were allocated for this purpose.

During the initial stage, a limited number of general practitioners and domiciliary midwives practising in the area near the hospital, have participated.

The criteria for admission are similar to those accepted for a booking to a general practitioner maternity hospital and where early discharge is possible. The Unit is not intended for patients with medical or obstetric complications or where any difficulties are anticipated. The proposals must also be acceptable to both the expectant mother and her husband.

General procedure

When the expectant mother starts in labour she calls the domiciliary midwife who visits her in her home. If labour is confirmed, the midwife takes the patient to the Southmead Unit. The midwife informs the general practitioner who attends the delivery. After delivery the midwife takes mother and baby home by ambulance and sees that both are safely and comfortably settled at home. In the event of any complication affecting mother or baby and of any concern for the condition of either, then there is no question of early return home, but mother and baby are transferred to the care of the main maternity hospital and retained there until fit for discharge.

The following details relate to 95 cases dealt with in the Unit:—

- (1) Number of general practitioners concerned=14
(representing 7 practices)
- (2) Number of domiciliary midwives concerned=7
- (3) Parity of mother—1st baby 7
 2nd baby 32
 3rd baby 37
 4th baby 14
 5th baby 4
 6th baby 1
- (4) Time spent in Unit—Less than 3 hours—16
 3–6 hours—55
 6–8 hours—10
 over 8 hours—10

N.B. One baby was premature and was transferred to the Hospital Premature Baby Unit.
One mother (with baby) was kept in hospital—she had a retained placenta needing manual removal.
One mother and baby retained in hospital—as baby had respiratory distress.
One mother and baby retained in hospital—after forceps delivery for delayed 2nd stage and foetal distress.

One mother and baby retained in hospital—delay in 3rd stage, baby Class B/C at birth.
i.e. Four mothers with babies, and one baby retained in hospital.

There was only one readmission to hospital and that was a baby admitted on 23rd day after delivery with respiratory infection. In view of the time lapse this was regarded as unrelated to the delivery.

(5) Time spent in journey home—5 minutes=	3
10 „	= 37
15 „	= 35
20 „	= 13
25 „	= 1
40* „	= 1

* This was a mother admitted from the South of the City at special request.

Comment

The scheme has worked very well and there has been excellent co-operation from the hospital. All the mothers and babies have done well, including those already mentioned who were retained in hospital, for these all the facilities of a major maternity hospital were immediately available and this was greatly appreciated by the mothers concerned.

Out of the 95 cases, three mothers who had had previous home confinements, and also their husbands, said they preferred a home delivery. Three mothers who had previously had babies at home, said they saw little difference between home delivery and delivery in the Unit and would have been equally happy at home. The husband of one of these mothers was, however, very pleased with the arrangement. One mother who was rather apprehensive, felt she might be more relaxed at home, but her husband was very relieved that she was delivered in the Unit. One mother commented that she would have liked a sleep before returning home, but was otherwise very pleased, and her husband thought the scheme was excellent. One husband who was present at the Unit complained of the heat and nearly fainted, he said he would prefer his wife to be delivered at home, but the wife was very pleased and impressed with the arrangements.

The rest of the mothers and their husbands were very pleased and greatly appreciated the service, and had no reservations.

The general practitioners and the midwives regard the scheme as an excellent one, providing first class facilities for the delivery and yet meeting the wishes of the majority of mothers and their husbands who like to return home early.

DOMICILIARY MIDWIFERY SERVICE

Miss W. A. Outram, Non-medical Supervisor of Midwives

In the Domiciliary Midwifery Service, as in all services which are implicated with the Health and Social Care of the community, great changes have taken place during the last twenty years. These changes have not been dramatic but a gentle and gradual change over of facilities, techniques, practice, teaching and training to accommodate the desires and demands of the community, with wider and increased professional knowledge and skill.

The domiciliary midwife is becoming more and more concerned with every pregnant woman irrespective of the place of confinement instead of merely caring for the women who planned to have their confinement in their own home. This trend reflects the emphasis of ante-natal care and post-natal care as being of equal importance as care during the actual confinement. In this City the district midwives meet the expectant mothers at the Clinics, where they are attending their own general practitioners or seeing a consultant. The midwives visit the mothers in their homes at the request of the doctors to give ante-natal care or specific treatment, or to advise as to the suitability for full hospital stay or short stay and early discharge with domiciliary care. During 1968 34% of all Bristol mothers who were delivered in the maternity hospitals within the City and in units on the periphery had short stay, made possible by domiciliary midwifery and general practitioner care. There are more hospital beds available for Maternity Services with the opening of another General Practitioner Unit, as well as greater use being made of the Maternity Units just outside the City Boundary, consequently there were fewer mothers who remained at home for confinement. These mothers have care throughout pregnancy, labour and during the post-natal period by the midwife with the general practitioner. The continued visiting by the midwife for twenty-eight days to all mothers and babies who have been in her care is proving successful.

Our Short Stay Delivery Unit within the labour ward suite of Southmead Hospital has been greatly appreciated by all the patients who have had the opportunity of having their confinement in the Unit. These patients are medically and obstetrically suitable for a General Practitioner

Unit and have their homes situated comparatively near to the hospital. There were 98 such mothers in 1968 who were pleased to have the births of their babies away from home in the precincts of a hospital, but anxious to return to their families and own homes as soon as possible following delivery. The Unit is equally popular with the general practitioners as with the mothers, and the midwives also enjoy caring for their own patients within such an excellent labour ward suite.

Pupil midwives from the Bristol Maternity Hospital and from Southmead Hospital continue to spend the latter three months of their midwifery training with the Domiciliary Service, and for these pupil midwives as for the pupil midwives who undertake the whole of their Second Period Training with the Department, a more comprehensive schedule of training is being given. The revised plan of training offers to the pupils the opportunity of gaining a wider knowledge of community care whereby it can be more easily appreciated that midwifery is not isolated but is merely one aspect of family care. The changes in the pattern of midwifery are recognised and consequently a change in the training of the midwife is requisite. A good basic training is essential for the future of the service and we hope that our pupil midwives leave us fully confident to continue in midwifery whether in the hospitals of our own Country or to carry out a more pioneering type of work abroad. Some pupils are attracted to the Domiciliary Service and remain or return to us as trained members of staff.

In addition to the revision of the training of Pupil Midwives the noteworthy developments of the year are the success of the Short Stay Delivery Unit and of the twenty-eight days visiting by the midwife of all mothers and babies allocated to her care.

SUB FERTILITY CLINIC

Dr. Norma Boxall, Medical Officer of the Female Clinic

	1968	1967
New cases	282	260
Old Patients attending	1,303	1,298
	<hr/>	<hr/>
Total	1,585	1,559
	<hr/>	<hr/>
Marital difficulty	23	32
Pregnancies reported	105	96
T.B. cases	1	0

The number of new and old cases has remained approximately the same. The numbers of new cases of marital difficulty have dropped, probably because the Family Planning Association now have sessions devoted to this.

One case of tuberculous endometritis has been detected, so making it worth while to continue our measures to detect these few cases by guinea pig inoculation, and Heaf tests etc: being symptom-free they would otherwise go unnoticed.

During the past year, we have valued the continued help of Mr. Slater, and Mr. Fisher at the endocrine clinic, and Dr. Foss at the male sub fertility clinic. We have, however, to record with regret the sudden and tragic death of Dr. Pollard of Frenchay laboratory, and would like to pay tribute to his unfailing help during the many years he has been associated with the sub fertility clinic. We are glad to have the help of Dr. Briggs in his place.

As Clomiphene is now more freely available we are able to use it for women who fail to ovulate, but owing to the scarcity of pergonal and its use being experimental, we continue to send suitable patients to the General Hospital for this treatment. Following press publicity we have been inundated with requests for it, but as it is not applicable in any but a small minority of cases, the women have been seen, and a simple explanation given.

The research in so called "honeymoon" cystitis is now almost completed and the results now being evaluated by Mr. Patrick Smith.

Dr. Christopher Morris of the Public Health Laboratory is doing an assessment of current methods of the pathological diagnosis of tuberculous endometritis in the light of the decline of this disease as a cause of infertility, and has used our sequence of cases from 1954 to 1964 as part of his material.

Dr. Foss has recently set up a clinic for donor artificial insemination: this will increase the work of the female clinic, as it is most important to see husband and wife together to discuss the implications and the women have to be fully investigated beforehand.

Dr. George Foss, Medical Officer of the Male Clinic

During the year 124 new patients have been seen and the total attendance has been 472 patients. The new cases are classified as follows:—

Oligozoospermia or poor motility	46
Azoospermia	11
Normal spermatogenesis	29
Impotence	19
Retrograde ejaculation	2
Marital dysharmony or ignorance	3
Advice re. sterilisation	2
Incomplete	3
Failed to complete tests	9

Cases have been investigated by routine seminal analyses at Frenchay, by chromosome analyses by Dr. Lewis at Southmead, by hormone studies by Dr. Loraine in Edinburgh and Dr. McGowan at the Bristol Royal Infirmary. At last plasma testosterone assays are promptly available. Mr. Mitchell and Mr. Slade have helped in the more complex investigations of vasal occlusion, and some cases of impotence have been referred to the Psychiatrists.

46 patients have had testicular biopsies at the Bristol General Hospital under general anaesthesia in the O.P.D.

Some cases of varicocele have been operated on by Mr. Howard Hanley in London, and Mr. Donald Young has done some vaso-epididymostomies in Warrington.

The trial of Pergonal on 10 patients was completed and proved to be useless. The controlled double-blind trial of Clomiphene continues.

3 cases of proven Klinefelter Syndrome have been shown to produce live spermatozoa in their ejaculates and it is proposed to present a paper on this previously unreported association at the Annual Conference of the Society of Reproduction and Fertility in Bristol in July 1969.

A start has been made in the use of A.I.D. and I have been promised a grant for the purchase of equipment for freezing human sperm in liquid nitrogen, thereby saving much wastage of material from a limited number of donors. Dr. Cornes at the Bristol General Hospital has offered me facilities in the Pathological Department of the Bristol General Hospital for this procedure.

8 patients are known to have become fathers during the year.

The Pre-school Child with Congenital or Acquired Abnormalities

Dr. Mary Gibson, Deputy Senior Medical Officer, Maternal and Child Health Service.

The number of children under five with some abnormality, either physical or mental, remains fairly constantly about 580 a year in the Bristol City area where the number of live and still births in 1968 was 6,834.

Many of these abnormalities, in themselves apparently very trivial, such as polydactyly and accessory auricles may loom very large in the eyes of a child. Teasing from other children aggravates the situation and may lead the child into quite bizarre emotional and behavioural difficulties. Fortunately in Bristol we are blessed with very understanding Consultants who make tremendous efforts to make sure that the child's appearance is normal before it reaches school age.

Very close liaison continues to be maintained between the Maternal and Child Health Section and the School Health Section and the Mental Health Section of the Department, both of whom make continual use of the Abnormality Register.

Day Nurseries, Nursery Schools and Playgroups play a great part in training the abnormal child to play and live with other children, so helping them to take their place in an ordinary infant school at five.

In four cases during 1968 a handicapped child, although making progress in a nursery group was felt not to be ready to take its place in the larger grouping of the infant school at five. In each case a request to the Education Authority to delay school entry and prolong the nursery training, has met with most sympathetic consideration.

The Ministry scheme for the notification to the Medical Officer of Health, of congenital defects apparent at birth, continues to give a rather inaccurate idea of the real incidence of any given condition—the following table of easily visible and identifiable conditions illustrates this:—

For the Period from 1.1.68 to 31.12.68.

<i>Condition</i>	<i>Number Notified to M.O.H. at Birth</i>	<i>Number on Register from all sources of information (including Birth Notifications)</i>
Spina Bifida Cystica	26	31
Anencephaly	13	13
Hare Lip	6	6
Cleft Palate	9	12
Hypospadias	8	12
Talipes	23	47
Polydactyly	6	11
Mierotia	0	1

As far as has been ascertained, none of the children with congenital heart disease, deafness, or eye defects born in Bristol during the first nine months of 1968 had any maternal history of contact with a case of rubella during the outbreak of 1967.

The 1968 outbreak of rubella in the City which commenced in mid February, reached a peak at the end of April and had practically finished by the end of August, may prove to have been more dangerous. So far we know one child born in October whose mother had rubella in March (during the 2nd month of pregnancy) who has cataeraet, congenital heart disease and is deaf.

SPECIAL FAMILIES

Dr. C. D. Hopkins, First Assistant, Maternal and Child Health Service.

At the end of the year there were 1,142 families on the Special Register, 324 of this number were visited by the four special families health visitors, and involved mostly early preventive work. The remaining 818 families were visited by the district health visitors, and this figure included 310 families where there was a considerable degree of neglect of the children, and of the likelihood of breakdown. This is a complete change from what prevailed prior to 1963, when those families causing great concern were on the case load of the special families health visitors. Now in 1968, the grave social aspects of this particular group are, under the terms of The Children and Young Persons Act 1963, the responsibility of the Children's Officer, with the health visitor undertaking the routine health supervision. The work of the child care officer and that of the health visitor should integrate smoothly and calls for close liaison between the field workers concerned. Meetings of workers should help to arrive at common assessments and policies in particular cases, and the Area Case Committees should be more fully utilised for this purpose.

The special families health visitor's present preventive work is probably a lot more satisfying than the assignment of earlier years when they dealt with the very low standard families. With the aid of their welfare assistants, mothers being supervised are being given lessons in cookery and in sewing, and are succeeding in attaining very reasonable standards in their homes. Weekly meetings of mothers with their young children are held in three of the health clinics and are well attended.

Welfare of Unmarried Mothers

Miss H. M. Day, Social Worker.

Having taken up my appointment in June 1968, in succession to Miss Reed, who retired in February, comment on the year's work must inevitably be restricted to comparisons with previous years' figures, and my personal impressions of the work being done.

During 1968, 885 new clients sought help from the Department—of these 21 were under the age of 16 years compared with 18 in 1967.

An encouraging factor is the decline in the numbers having 4th and 5th or more babies—96 in 1967 and 41 in 1968. Although there are only 3 more in the under 16 age group, it is of some concern that there appears to be an increase in those still at school when they become pregnant. This problem is likely to grow when the school leaving age is raised. There are one or two where it would have been advantageous if the marriageable age were lowered to 15. This also raises the question of the age at which intercourse is legally permitted.

Numbers admitted to Mother and Baby Homes have again fallen considerably. This is in part because more parents are willing for their daughters to remain at home during pregnancy, especially if the adoption officers are willing to arrange foster home placements prior to placement of babies for adoption. There are also increasing numbers of girls living independently in flats and bed-sitters where they remain prior to admission to Hospital and to which they are

allowed to return afterwards with their babies. It means that those admitted to Mother and Baby Homes tend increasingly to be girls with complex problems, lacking family support and lacking the ability to make their own arrangements.

We endeavour to offer to see all new referrals prior to the birth of their baby or at least to let them know that they can come to us for help or advice. Those admitted to Mortimer House or Southmead Hospital are usually seen while there and those in other hospitals are visited by request from staff or patients. There tends to be a discrepancy in the service we offer to those living near the central area of the City and those living on the outskirts. Those living near tend to call more often and without appointment, while those living further out may have difficulty in meeting the cost of travelling in, even when it is important that they see us to discuss their problems. Home visits are made when requested or more appropriate, and for follow up. I hope it will be possible to expand this side of the work so that the mother and her baby can be helped in the context of the larger family unit.

CLINIC ATTENDANCES

					<i>New Patients</i>	<i>Total attendances</i>
(a) <i>Antenatal</i>						
	(i)	Medical Officer sessions	...	...	305	2,159
	(ii)	G.P. sessions	...	...	4,399	33,934
	(iii)	Consultant sessions	...	...	3 574	7,973
	(iv)	Midwives sessions	...	...	271	2,185
(b) <i>Postnatal</i> (including birth control)						
		Medical Officers and G.P. Sessions	...	...	4,355	7,433
(c) <i>Child Health Clinics</i>						
	(i)	Total number of infants under 1 year	...	...	9,170	
		Total attendances of infants under one year	...	...	49,450	
	(ii)	Total number of children aged 1-5 years	...	...	11,904	
		Total attendances of children aged 1-5	...	...	38,377	
(d) <i>Parentcraft Classes</i>						
		Number of expectant mothers who attended classes	..		1,772	
		Total number of attendances	...	...	7,769	
(e) <i>Special Diagnostic Clinic</i>						
	(i)	New patients	...	...	336	
	(ii)	Attendances	...	...	493	

Health Visiting

Home Visits:	(i)	Primary (to new babies)	...	...	6,797
	(ii)	Infants under 1 year (excluding (i) above)	...	...	21,351
	(iii)	Children 1-5	...	...	71,143
Sessions at clinics	...	...	...	...	5,954
Time spent at Nursery Schools and Classes	...	...	...	...	1,078 hours

Recuperative Convalescence

Section 22 N.H.S. Act—Mothers and Young Children					
Mothers accompanied by children	...	...	...	3 mothers and 7 children	
Unaccompanied children	...	...	...	Nil	

**DENTAL HEALTH OF MOTHERS AND
PRE-SCHOOL CHILDREN**

Mr. J. McCaig, Chief Dental Officer, reports:—

The number of expectant and nursing mothers who receive dental treatment under the Maternal and Child Health Service has not varied very much in the last two or three years and it is evident that a levelling off or a fairly constant figure of attendances can be anticipated. It now appears that many mothers in this group requiring dental attention prefer to receive their treatment from the General Dental Service.

Similarly with the pre-school children, the attendance figure varies little from one year to the next; sometimes an increase, other times a decrease, but overall averaging out over a period

of years to a constant figure. In order to overcome the apathy of parents and convince them that there is great need to take their young children between two and five years of age to the dentist for an inspection before they have pain, a scheme has been introduced in association with routine visits by Health Visitors. The Health Visitors take special dental forms to the mothers when they visit them. The form is so designed that the tear-off portion at the bottom is a request for a dental appointment, which the Health Visitor can fill up for the mother or leave it for the mother to do. The portion of the form retained by the mother has the names and addresses of all the clinics in the City where dental treatment is available. Complaints have been received in the past from mothers who said that they did not know which clinics gave dental treatment or even expressed surprise to learn that their children were eligible for treatment at a clinic. The tear-off portion with a request for an appointment may be sent by the mother to the clinic, or the Health Visitor may take it to the clinic, on receipt of which the Dental Officer sends an appointment. The response to this scheme has been extremely poor, which seems to indicate that parents can make appointments without difficulty for their young children at their own dentist, or, that when it is left for mothers to make an appointment, there is a certain amount of "wait and see" if there is any pain first.

Dental caries in the pre-school child is in the main a preventable disease. There are still too many of these children losing their teeth unnecessarily before they reach school age. The three main preventive measures are a well balanced diet, good oral hygiene and fluoridation of the public water supplies. The first two methods are easily carried out and most mothers are aware of the advantages of these disciplines. In the third method mothers themselves could take some part in aiding the people in authority who wish to see this accomplished as a normal public health measure.

The statistical return shows the work carried out in the Maternal and Child Health Section.

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

Part A—Attendances and Treatment	<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
Number of visits for treatment during year		
First visit	1,152	522
Subsequent visits	1,136	992
Total visits	2,288	1,514
Number of additional courses of treatment other than the first course commenced during year	51	25
Number of fillings	1,535	952
Teeth filled	1,400	909
Teeth extracted	1,388	530
General Anaesthetics given	517	53
Emergency visits by patients	89	35
Patients X-rayed	4	34
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	58	207
Teeth otherwise conserved	421	—
Teeth root filled	—	5
Inlays	—	—
Crowns	—	2
Number of courses of treatment completed during the year	631	213
Part B—Prosthetics		
Patients supplied with F.U. or F.L. (first time)		12
Patients supplied with other dentures		29
Number of dentures supplied		61
Part C—Anaesthetics		
General anaesthetics administered by dental officers		—
Part D—Inspections		
Number of patients given first inspections during year	1,409	485
Number of patients in A and D above who required treatment	930	435
Number of patients in B and E above who were offered treatment	907	426
Part E—Sessions		
<i>Number of Dental Officer Sessions (i.e. Equivalent Com- plete Half Days) Devoted to Maternity and Child Welfare Patients</i>	For Treatment For Health Education	622 144

NURSING SERVICES REPORT

Margaretta Marks Jones

(Chief Nursing Officer)

On the 31st December 1968, the Department had in its employment :—

- 4 Divisional Nursing Officers
- 3 Sister-in-charge, Health Centres
- 2 Deputy Sister-in-charge, Health Centres
- 16 Centre Superintendents
- 4 Health Visitors for Aged and Chronic Sick
- 4 Health Visitors for Special Families
- 8 Field work Instructors
- 45 Full-Time District Health Visitors
- 8 Part-Time District Health Visitors
- 55 Full-Time Queen's District Sisters
- 3 Male Queen's District Nurses
- 8 Part-Time District Nurses
- 10 State Enrolled Nurses
- 6 Full-Time Clinic Nurses
- 48 Sessional Clinic Nurses
- 17 Part-Time School Staff Nurses
- 9 Welfare Assistants
- 21 Full-Time Clinic Helpers
- 12 Part-Time Clinic Helpers
- 19 Clinic Assistants
- 2 Full-Time Senior Physiotherapists
- 2 Part-Time Senior Physiotherapists

HEALTH VISITING SERVICE

Changes in the character of the work of the health visitor are already taking place and more may be expected.

1968 was not only celebrated as the twentieth anniversary of the N.H. Service, but was a remarkable year for the publication of reports and whatever changes are eventually made in the structure of health and social services the work of the health visitor will be affected. However, the emphasis of the work of the district health visitor is still on the pre-school child who with the elderly, are the most vulnerable to health hazards and so prime targets for preventive and supportive care.

During the year 99,291 home visits were made to the under fives which shows little change from previous years, but the number of visits made by district health visitors to other age groups and totalled 11,286 shows a considerable increase from previous years. In 1968 three times as many visits were made to the elderly as compared to the number of visits made in 1965. The health visitor carries out her work by the giving of advice, to give support when necessary, to observe and to detect early signs of physical and mental defects and stresses, referrals to other agencies and workers, and by carrying out health screening procedures — tests for Phenylketonuria, Congenital Dislocated Hips, and Hearing tests of all children under one year. In one sector of the city a blood test was introduced for the detection of phenylalamine which has proved of much value before proceeding with the test for the whole city. The test is carried out during the period 10–15 days of life by a health visitor or midwife whoever is visiting during this period.

While undertaking her normal duties in the home, the health visitor is in an admirable position to carry out her role as a health educator. She is able to discuss with the family such matters as immunisation procedures, prevention of accidents, early detection of cancer and family planning.

The presence of large numbers of immigrants in the central area has added to the work of health visitors. The language difficulties necessitates more frequent visiting to ensure that advice has been understood and each visit is made longer by the difficulty of communication. Two Asian

girls who are being employed as clinic assistants and are bridging the gap after leaving school and before commencing nurse training, have been most valuable in acting as interpreters and assist the health visitors both in the clinics and in the homes, to improve communications where English is not spoken.

RECRUITMENT

The main source of recruitment is still from our own training school and of the eleven health visitors who completed their term of contract in September 1968 six joined the permanent Staff. Four joined the staff from other Local Authorities and two were appointed following their training at an integrated course. Ten left the authority for the following reasons:— Retirement 1, Health Education Course 1, Domestic Reasons 3, Other Authorities and Overseas 5.

For the course 1967/68 twelve students were sponsored by the city, all of whom were successful in passing the examination. The practical instruction during the first nine months was undertaken by the fieldwork instructors and the three months practical period was supervised by D.N.O's and Centre Superintendents.

REFRESHER COURSES AND IN-SERVICE TRAINING

Four health visitors attended a two-week course for Fieldwork Instructors arranged by the Health Visitors Association and two attended a refresher course arranged by the Royal College of Nursing. Also, many members of staff were given the opportunity to attend various study days and conferences which were much appreciated. Arrangements were made for newly qualified and newly appointed health visitors to attend a course of training in hearing screening.

SPECIAL SURVEYS

During 1968 the health visitors participated in the following surveys:—

- Infective Hepatitis
Comparative Study of the Health
of Immigrants and Local School
Children
National Survey of Health and Development—Medical Research Council
Multiple Handicap Survey—Department of Child & Public Health and Social Services

{
Bristol Department of
Public Health & Social
Services

A preliminary assessment of completed documents in the Multiple Handicap Survey suggests that by the end of the year, health visitors completed about 1,800 documents on children in the study. This means an average of 27 documents completed by each health visitor during the year, which with the average of 3 control documents, implies a total of 30 successful interviews each during the year.

LIAISON WITH HOSPITALS

The importance of good liaison between the health visiting service and the hospitals cannot be over emphasized. Medical social workers have contacted health visitors with increasing frequency to ensure the after care of patients about to be discharged. Regular weekly visits are made to Bristol Maternity Hospital, to Bristol Royal Hospital for Sick Children, to the Paediatric Unit of Southmead Hospital and to Manor Park Hospital.

SPECIALISATION

Specialist Health Visitors for Chronically Sick and Night Watcher Service—see report on Care and After Care.

Specialist Health Visitors for Special Families—see report on Special Families.

Chest Department

	<i>B.C.G. Visits</i>	<i>Visits Primary</i>	<i>Other Visits</i>	<i>Total</i>	<i>Clinic Sessions</i>
1967	497	109	2,145	3,287	1,485
1968	611	104	1,641	2,527	1,050

1968 was the last full year of a specialised visiting service to tuberculosis patients and their contacts, and as in recent years case loads of the tuberculosis visitors continued to decline.

It had been planned that during 1969 the work of the team of specialist tuberculosis visitors would be transferred to a liaison tuberculosis health visitor and district health visitors.

This plan is in line with the Standing Medical Advisory Committee Report H.M. (68) 45 on the future of the Chest Services. The report has made recommendation about the personnel associated with the work of Chest Out-Patients Departments and includes the health visitor as a member of the team providing complete medical care of patients with chronic chest diseases.

PREMATURE BABIES

The number of premature babies in the care of the health visitors in 1968 was much the same as in 1967. During the year 503 babies were visited of whom 422 were in the Bristol area.

AFTER-CARE OF THE MENTALLY SICK

One health visitor continues to help with after care and rehabilitation of the mentally sick and works very closely with the Industrial Therapy Organisation where further developments continue to take place.

ANCILLARY NURSING SERVICES

No difficulty was encountered during the year, in recruiting clinic nurses, clinic helpers and clinic assistants. These members of staff give a most valuable service. In addition to clinic duties the clinic helpers relieve the health visitors of much of their routine clerical work. Of 29 clinic assistants who reached the age of eighteen years during the year, 9 commenced general nurse training, 8 pupil nurse training, 2 were appointed as dental surgery assistants, 4 commenced nursery nurse training, 2 commenced occupational therapy training, 1 Technical College, 2 went overseas, 1 clerical post.

PHYSIOTHERAPISTS

During the past year the demands on the Physiotherapy Department have changed. Requests for treatment at the Central Clinic have decreased, but at the same time, there has been an increasing need for Physiotherapy treatment at the Health Clinics on the periphery of the city.

The Skin Clinic at Lawrence Weston has become well established and an extra session has become necessary. At Stockwood Health Centre an extra treatment session has also been added to that started at the beginning of the year.

The year has seen an increase in the demand for treatment in the established Homes for the Aged and to these have been added the visits to the three newly opened Homes—Bowmead, Elm Hayes and Broomhill.

The demand for Relaxation Classes continues at all the Health Centres and Clinics.

VISITORS TO THE DEPARTMENT

Students and pupils from the Nurse Training Schools continue to spend a day in the domiciliary field. A total of 350 student nurses and 29 pupil nurses accompanied health visitors and district nurses during the year. In addition, the following professional students were helped :—

15 Diploma in Public Health Postgraduate Students, 71 Medical Undergraduates, 27 Social Studies Students and Social Administration Students, 25 Student District Nurses.

HOME NURSING SERVICE

Number of Patients brought forward 1st January ...	2,327
Number of New Patients attended during the year ...	4,739
Total	7,066
<i>Age Groups</i>	
0-5 ...	46
6-64 ...	2,145
65+ ...	4,874
Total number of visits to all patients ...	245,332

Total visits paid during the year have shown a steady increase over the past three years, e.g.

1968	1967	1966	1965
245,332	230,864	230,130	223,089

District Nurse Training under the auspices of Queen's Institute of District Nursing terminated in July 1968. The September Course was our first independent course as approved by the Ministry for the National Certificate of District Nursing. Wiltshire, Somerset and Bath asked for student participation and this was agreed.

Students training during the year :—

<i>January Course</i>			<i>September Course</i>		
Staff Students	...	7	Staff Students	... ..	9 (including one health visitor)
Counties Students	...	2	Counties Students	... ..	6
			Counties, Lecture Block only	...	7
			Total 24 + 7 Block only		
			Staff	...	4

S.E.N. INSTRUCTION COURSE

The changing pattern of nursing care, due to advancement in medical and surgical knowledge and treatment, continues. With the increase in the number of frail ambulant patients we are increasing the number of State Enrolled Nurses gradually and decreasing the number of State Registered Nurses. This will ensure that staff have the full satisfaction of their work and their expertise will not be wasted.

Following two successful pilot schemes of nurse attachment to group practice, a gradual change is being made to this pattern of work. The nurse feels she has adequate knowledge of the patient's condition and reason for treatment, and regular meetings between doctor and nurse allow for exchange of information which is of benefit to both. The doctors appreciate the nurse's views and know that through her they can easily make contact with other local authority staff and voluntary agencies.

THE HOME HELP SERVICE

M. R. Epplestone, S.R.N., S.C.M., H.V.
(County Borough Organiser)

The year 1968 has been one of steady progress.

There has been an increase in the volume of requests received for help and the turnover of Home Helps has been high. In addition to this, vandalism has been rife where telephone booths are concerned and difficulty has been experienced in getting messages to and from Home Helps. Postal services also seriously affected the Service as we are no longer able to rely on delivery next day, whether a fourpenny or fivepenny stamp is used. To offset these difficulties a night telephone service for the department was started and this has helped a little to alleviate the problems of communication.

RECRUITMENT

There has been no lack of recruits for the Service. Unfortunately, it is the lack of transport to take the Home Helps to their work which is the stumbling block. Crossing the city is too time consuming and expensive to be practical, therefore, in certain areas there is a waiting list of patients requiring help.

INSERVICE TRAINING COURSE

All new candidates entering the Service are now expected to take this course which was started this year.

The course has been revised and condensed to one week. This has proved to be very beneficial to all. Candidates have the choice of remaining in the Service or leaving at the end of the week.

REFRESHER COURSES

These courses started in January and were constant throughout the year. It was felt that Home Helps with five or more years experience should receive up-to-date knowledge of their Service and be given some idea of the changing pattern of society in the present welfare state and the role that they themselves play. Films, slides, demonstrations and lectures on subjects including Home Safety, Nutrition, Housework with Ease, Hygiene in the Home, are included in the syllabus.

Some Home Helps felt that they knew all the answers and were a little reluctant to attend. However, these very same Home Helps were among the first to say how very helpful they had found the course and hoped that they would be invited again.

ADMINISTRATION

During the year two members of staff were allowed to attend the weekend School of the Institute of Home Help Organisers and I was privileged to attend the first Residential course held by the Provincial Councils for Local Authorities' Services in the South West at Kelston Park. Both courses proved informative and stimulating.

From records kept it is noted that the highest number of requests for help come from Hospital Social Workers. The southern division of the city i.e. Bedminster, Knowle, Stockwood, Hartcliffe and Withywood received the greatest number. The total number of requests received for the City and County of Bristol was 2,058.

During the year, requests for information on the Service have increased, and several talks to Women's Organisations have been given.

Each member of the Home Help Service faces a daily challenge and when we manage just to make ends meet, someone moves the ends!

1968 saw the introduction of Refresher courses for Home Helps, the improvement of the Inservice Training and the increased wage award.

The Service is now recognised as the Home Help Service and became a statutory instead of a permissive Service under the 1968 Public Health Act.

HEALTH EDUCATION

P. Mackintosh

(Health Education Officer)

The Health Education Section was able to extend its services to schools and youth organisations during the year. Several of the larger youth clubs were visited by the Assistant Health Education Officer and talks were given on smoking and health, drug dependence, the use of leisure and the prevention of home accidents; parties of Scouts, Cubs and Guides, most of whom were working for their accident prevention badges visited the Central Clinic for instruction.

Talks and discussions on a variety of health topics were given to third and fourth year students in nine Comprehensive Schools, and to sixth formers in Grammar and Private Schools; these were undertaken by the three Health Education Officers. Some schools asked for a series of talks to be given; at Bishopston Secondary School, between November 1968 and February 1969, the Deputy Health Education Officer gave 12 talks on Personal Health and Development, the programme was made up of two sessions with VIth Form girls, two with Vth Form and two to IVth and IIIrd Forms, each Form consisting of two groups. On each occasion, approximately 25 pupils were present. At Brislington School a nurse representative of Lillia-White, spent one week giving 14 talks on "Menstruation and Personal Hygiene" to all the girls at the school; approximately 40 pupils attended each session. At Lawrence Weston School, fifth-year girls studying home economics attended a series of nine talks between November 1968 and March 1969; subjects included the Health Services, health hazards, nutrition, infectious diseases and preventive inoculations, emergency resuscitation and a visit to the Central Ambulance Station was included. In the early part of the year, eleven pupils in the VI and VII Form who were studying "Human Biology" for CSE and GCE, attended classes taken by the Deputy Health Education Officer, a Divisional Dental Officer, and Deputy Supervisor of Midwives, a Health Visitor and a District Nurse.

For the second time a course was arranged for a group of boys and girls, who in their last year at school, spent one afternoon per week with a Leader from the Bristol Association of Youth Clubs. The pupils were classified (?) as 'C' and 'D' streams and were generally considered to be unruly. Six sessions were arranged for them and it was intended that these should be as practical as possible; the first session was at the Central Ambulance Station, where the organisation of the Service was explained and the pupils saw the activities in the Control Room. Further sessions included talks by a midwife, with a demonstration of her equipment, a talk by a male District Nurse and a visit to one of the Clinics. Attendance by the group was sporadic and general behaviour left a lot to be desired. The last session had to be abandoned.

At Speedwell Girls' School, a course of nine talks was arranged for 40 fourth year school leavers. This course has now become an annual event; each year, for the past ten or twelve years similar courses have been arranged at this school and the teacher in charge of the group has said that as a direct result several girls have taken up training and work in some branch of the Health Services.

One other course worthy of note was arranged for the fourth year (15 years old) boys and girls at Monks Park School. Separate classes were held for boys and for girls, so that altogether a total of 16 sessions were taken; the lessons were given by two Health Visitors, the Deputy and Assistant Health Education Officers, and an Assistant School Medical Officer. The content of the scheme of work is set out below :—

Scheme of Work

1. Services available to the public and rendered by Bristol Health Department.
2. Some of the main health problems associated with each stage of life.
3. Growth and Development.
 - (a) Basic growth of bone
 - (b) Role of food in growth
 - (c) Endocrine system re basic growth
4. Development of male and female primary and secondary sex characteristics. Puberty.
 - (a) Role of endocrine system
 - (b) Personal Hygiene

5. Menstruation (inc. hygiene)
6. Conception and development of the foetus.
7. Birth and film "Learning to Live".
8. Problems of adolescence—promiscuity, venereal disease, preparation for marriage, family responsibility.

Whilst this course was well received by pupils and staff at the school, considerable thought must be given before such a scheme is repeated; each session lasted one hour and twenty minutes; if one adds travelling time, then one session meant that the officer concerned would be occupied for a complete morning or an afternoon. This seems to be a considerable use of man power and if several schools were to ask for a similar programme, it is doubtful if the requests could be met.

In recent years, the requests from schools, the Technical Colleges and the Colleges of Education have increased enormously, due no doubt to an increasing awareness of the services that can be made available by the Health Education Section. The need to provide some form of in-service training for teachers, in matters concerned with health education is pressing; such training should be an annual event, not only because of the "turn-over" in teacher numbers, but because of the need to supply up-to-date material, and of the new and improved techniques of teaching being developed.

Another aspect of health education in schools arose as the result of the disbandment of the Civil Defence organisation; Mr. Turner, the First Aid and Training Officer of Civil Defence, was transferred to the Department: he very quickly established contact with a number of schools, where the Heads were anxious to have staff and pupils trained in the 'mouth-to-mouth' system of resuscitation. The school programme was part of the Water Safety Campaign and in May and June Mr. Turner visited eight schools, some on as many as six occasions, and demonstrated the resuscitation system to nearly 3,000 children and 59 teachers; in the same period, in three youth clubs, 95 young people were trained, a branch of the Townswomen's Guild (80 members) was visited and a "crash" course was given to 15 Health Visitors so that they could be used in the work. By July, St. Mary Redcliffe School had requested a week's visit later in the year for demonstrations to all staff and pupils. A similar request was received from Merrywood Girls' School and Merrywood Boys' School and Bishopston School wanted Mr. Turner for one day at each school.

Apart from the work in schools and youth clubs, many other talks were undertaken by members of staff of the Department. There was the usual quota of requests from the many women's organisations in the City, such as Townswomen's Guilds, Young Wives Groups, etc. Lectures and demonstrations were given to several different groups of students from Bristol and Filton Technical Colleges, Redland and St. Mathias Colleges and to members of the Royal College of Midwives attending Refresher Courses in Bristol. The Health Education Officer again gave five lectures to D.P.H. students, one to Student Health Visitors and two to District Nurse Students. Some of his other lectures were to St. John's Ambulance Instructors, Trainee Ambulance men, and a new departure, two talks to Bristol Police Cadets, young men and women who were a most attentive and interested audience. These talks, one on the Health Services and one on accident prevention, are likely to become a regular feature with each group of Cadets. During the year, four groups of final year medical undergraduates spent a month studying Public Health: each group attended lectures by the Health Education Officer and his Deputy on the organisation of Health Education Services, health education problems and techniques, methods of communication and the use of mass media.

The number and variety of requests for talks or lectures is matched by the number of requests from the public for information and material. If one were to attempt to answer some of the requests in the detail asked for, it would be almost a full-time occupation. Most of the letters and phone calls are from school children or college students and the Deputy Health Education Officer made some reference to the type of letters received in the 1967 Report of the Principal School Medical Officer. In a letter to "The Times" dated 11th November 1968, the Town Planning Officer of Kingston upon Hull summed up the situation:—"I know that now is the season for students to start the compilation of the information they require for their theses. Never before, does it seem, have so many set out on the trail. Never before have I been asked for so much . . . I really wonder what educational purpose this serves. I am sure that all this deluge of inquiries is making it all the more difficult for genuine researchers".

Kingston's Planning Officer refers to the "season" for students to send in their requests. So far as the Health Education Section is concerned, the "season" lasts as long as the academic year, and frequently includes a fair proportion of vacation time. The most frequently used phrase contained in nearly every letter received from students and school children is "doing a project". So many "projects" have been "done" on various aspects of the Health Services in Bristol that it

must be one of the best documented subjects studied in the city in recent years. The seekers of information express themselves in many different ways but a common feature in the majority of letters is the air of uncertainty—uncertainty of what to ask. A college student wrote from Kent, "I am doing a project on the health of my home area of Bristol. Would you please send me as much information and as many pamphlets as possible on the working of the National Health Service, e.g. Home Nursing, Vaccination, Immunisation, etc. *and the Welfare Services*". Another student, studying Bristol's Health Services, made an all embracing request for "all information concerning the social conditions in Bristol (shades of the Bristol Social Survey!)—and public health services, especially those concerned with water supply, sewerage and refuse disposal, and an Annual Report". A group of student nurses doing a project on the Medical Officer of Health and his duties, wrote hopefully for "some information, pamphlets, annual reports—any of these will be accepted. Also we should like to cover all the aspects of Bristol's problems which come within your line of duty" (*sic*).

Drugs and drug addiction have been popular project topics during the year. A fascinating picture can be conjured up of the little girl who wrote "I was wondering can you help me? I am doing a project at school, and I was wondering if you have any pamphlets on the subjects of drugs, alcohol and cigarettes. I hope you can help me". This has to be read slowly to be appreciated. A thirteen-year-old schoolboy stated in his letter, "My friend and myself have to do a project for school on Mental Health, Child Welfare, Red Cross and any other service that people can get" (contagious services?). This child was the only individual among the 82 written requests received by the Section during 1968 to acknowledge our reply; it was so refreshing to receive "just a little note to say thank you ever so much for sending me so much help for my project; I am most grateful to you".

It is rather a sad reflection of the times when a schoolgirl, compiling a project for the C.S.E. on "The Personal Problems of a Teenager", writes and asks for "anything to do with drugs, the unmarried mother and any other problems a teenager may have"; and we talk of the joys of youth! The letter ended "P.S. Is it possible for me to get samples of drugs anywhere?"

One could quote many more examples of requests received, some of which, because of the words and phrases used, were quite hilarious. Every section of the Department receives its share of such letters each year; the 82 written requests which were dealt with by the Health Education Section were from:— schoolchildren 38, students 26, leaders of various youth organisations 14, teachers 2, canteen manager 1 and 1 librarian. The last named wrote: "A number of students at this college are currently working on projects dealing with the health services in Bristol and *are hampered by a lack of material*". One would imagine that someone should have made sure that material was available before the students started on their investigations.

Most of the requests were for information on the Health Services, maternal and child care, the unmarried mother and her child, drugs, alcohol and tobacco and home accidents; the last one was asked for by many of the youth organisations and by candidates for the Duke of Edinburgh's Award.

Films

The service for the hiring of films about handicapped children made in Bristol continued and there seems to be no diminution in the demand. Bristol Cine Society once again were called upon to produce two films for the Department. During the year, the film "Feet First" was completed and released early in 1969. The film is a documentary about the Chiropody Service. The second film "A Future for Amanda" was almost completed, and should be released about mid 1969. This film was made at the Bush Training Centre for the mentally subnormal, and when ready will replace the film "Marlborough House".

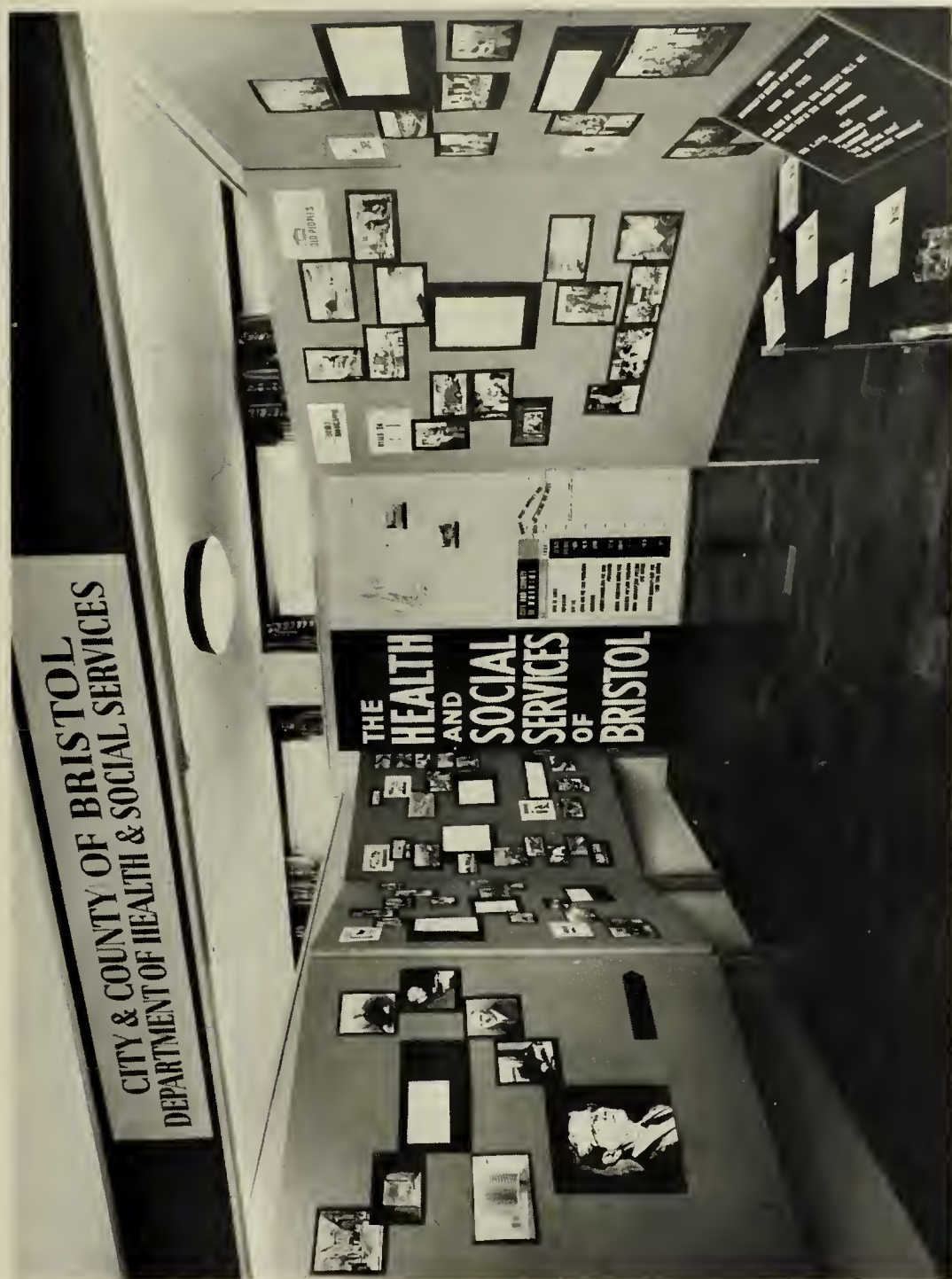
"Drug Dependence"

The demand for the booklet "Drug Dependence" which was first published in June 1967 continued unabated. The revised edition and fourth impression was published in January 1968; the fifth edition appeared in July and by the end of the year over 23,000 copies had been sold or distributed.

Exhibitions

A description of the exhibition held at the annual Flower Show appears in the annual report of Bristol Home Safety Council.

One other exhibition was staged in September at the Annual Meeting of the Royal Society of Public Health and Hygiene which was held at the Students' Union of Bristol University. In a space measuring 12' x 12' x 8' high a pictorial exhibition was arranged, showing the many aspects



Exhibition at Students' Union for meeting of Royal Society of Public Health and Hygiene in September 1968



Exhibition at Students' Union for meeting of Royal Society of Public Health and Hygiene in September 1968

of work in the different sections of the Department. A map of Bristol, measuring 9' x 8' carried photographs of all the clinics and health centres. The key consisted of vital statistics and superimposed on the map was a graph showing a comparison of the infant mortality rate for Bristol and for England and Wales over a period of 100 years. Six display panels carried photographs, with short accounts of how public health work was organised. The exhibition was designed so that individual panels could be displayed separately when required, and the one showing the Maternal and Child Health Service was so used later in the year at a conference for obstetric physiotherapists.

A small, mobile, three-dimensional exhibition depicting the work of the School Staff Nurse and the School Health Service was arranged by the Deputy Health Education Officer. This exhibition appeared at a number of the comprehensive schools for periods ranging from one to four weeks, and was well received. A programme for its continued use in 1969 was planned.

Health Education and the Press

It is pleasing to report the cordial relations which exist with the local press. Miss Daphne Hubbard, Women's Editor of the "Evening Post" carried out an interesting exercise, connected with the problem of obesity. A competition was organised for women who, for various reasons, wished to reduce their weight. The diet was prescribed by Miss Chapman, our Nutritionist/Dietician, and over a period of several weeks the contestants were weighed and a progress report of each was published. The winner of the competition was presented with a new wardrobe of clothes. The competition aroused much interest and many women who did not actually compete followed the diet and claimed later to have reduced weight with an improvement in general health.

Bristol's men were not to be left out and by popular demand a second competition was arranged for men, Miss Chapman again acting as adviser. This "popular" health education is frequently much more effective than a more formal approach. Much more might be achieved if we can devise means of "disguising" health education in order to "sell" it.

BRISTOL HOME SAFETY COUNCIL ANNUAL REPORT 1968

Fatal Home Accidents

There was a dramatic and very welcome reduction in the number of fatal home accidents during the year. Thirty people were recorded as having lost their lives accidentally, but since three of the deaths can be classified as "suicide", the real total was 27. In the previous year there were 63 deaths.

Deaths caused by accidental falls numbered 14 (11 females and 3 males). Once again, the figures reveal the almost inevitability of the fatal fall, as a consequence of ageing; among the eleven females, the age range of the victims was from 72 to 94 years—only two being in the 70+ group, the remainder being from 84 years upwards. The age range of the males was 67 to 95 years.

Death caused by accidental poisoning accounted for 4 females and 2 males (household gas); in addition 3 females died, 1 (gas poisoning) and 2 (barbiturate), in each case the poison being self administered. Two females and one male died as a result of burns; their ages were 73, 80 and 75 years respectively; the younger woman's burns were caused by her nightdress coming into contact with an unguarded fire; the male victim's clothing was ignited by a cigarette butt. Four deaths were recorded as 'asphyxiation'. A 66 year old man was asphyxiated by smoke from a fire caused by an overturned portable fire; the other three victims were the youngest among the casualties and their accidental deaths were probably the most tragic: a nine-year old boy died after inhaling an unidentified foreign body; a four-year old boy was suffocated after drawing a plastic bag over his head; a two-year old girl, playing with a doll's pushchair, was asphyxiated when the chair collapsed upon her.

Water Safety

For a number of years the Home Safety Council has participated in water-safety campaigns. In 1968 the campaign was launched by arranging a "Teach-In" at the Central Hall and Broadweir Baths. The programme which was planned and arranged by Mr. Michael Head, the Assistant Health Education Officer, proved to be an excellent example of co-operation by many different

organisations, all of which were concerned with water safety. The "Teach-In" was held on Saturday, May 25th; the first part of the programme was conducted at the Central Hall, Old Market, where the Chairman was Mr. George Twist, QM, LL.M., Chief Constable of Bristol. The events included, a talk, illustrated with a short film on life jackets and sailing dinghies; activities of Bristol's Sub-Aqua Club; a film showing the activities and functions of the Royal Life Saving Society; experiences encountered and techniques used by the Surf Life Saving Association of Great Britain; and the safety aspects of canoeing. The meeting was well attended by children and their parents who later proceeded to the neighbourhood Broadweir Baths to see live demonstrations of safety measures. The practical uses of life jackets was demonstrated, followed by a display by pupils of Withywood School of safety precautions when canoeing. Pupils from St. Mary Redcliffe and Temple School showed various methods of survival swimming, a performance which was entertaining as well as informative. Members of the Surf Life-Saving Association demonstrated their methods of rescue, and this was followed by members of the Bristol Sub-Aqua Club who showed the audience some of their activities. Finally, young men from Bristol Police Cadets staged some rescue and recovery techniques.

Throughout the summer, interest in water safety activities was maintained by the First Aid and Training Officer, who visited many of the larger schools, demonstrating to pupils and teachers the mouth to mouth system of resuscitation.

Bristol Flower Show

The theme of 'water-safety' was maintained in the exhibition at the Bristol Flower Show. Using a 'cut-away' model house and miniature garden, safety precautions connected with water were demonstrated, e.g. lagging of water supply tanks in the loft, safety with water in the bathroom, kitchen and out of doors in electrically heated glass frames and greenhouses. The exhibit won a Silver Medal Award: in the ten years that the Home Safety Council has exhibited at the Flower Show, five Silver and three Gold Medals have been won.

Talks and Information

The interest in Home Safety continues and the services of the panel of speakers have been frequently called upon during the year. Apart from the requests for talks which are received by the Secretary, many talks and courses of instruction have been given by members of staff of the Department of Health and Social Services. Several Health Visitors, District Nurses and Public Health Inspectors are connected with various youth organisations and safety training is included in the youngster's activities; again many requests are made direct to the speakers—one member of the panel gave fifteen talks during the year to young wives' groups, Church fellowships and Old Age Pensioner Associations.

Another way in which interest in home safety is shown, in the number of requests received for information, school children doing projects on the subject, Guides and Brownies working for their Home Safety Badges and young people training for their Duke of Edinburgh's Award.

"Unwanted Drugs' Campaign"

In the spring of the year, Bristol Police organised a "drugs amnesty" lasting for several weeks, during which time about 120,000 items of medicines, tablets, pills, ointments etc. were handed into City pharmacists by members of the public.

In October, Area 8 Home Safety Committee launched a similar campaign and in spite of the earlier campaign nearly 26,000 items were collected by pharmacists. In the City, there are 140 pharmacies; returns were received from only 73; and since 21 returns registered nil, the total number of items handed in were to 52 chemists. Only 139 tablets were classified D.D.A., but over 10,000 items came within the category "Analgesics, Sedatives, Hypnotics". The figures seem to indicate that despite any restrictions which may have been caused by prescription charges, there are still considerable quantities of unused and potentially dangerous drugs and medicaments being kept by people somewhere in their homes.

Appreciation

Members of the Home Safety Council once again record their appreciation of the continued support of the Bristol Social Services Committee.

I. M. Lobb (Chairman)

P. Mackintosh (Secretary)

THE MENTAL HEALTH SERVICES

H. Temple Phillips

(Chief Assistant Medical Officer of Health)

F. Morton

(Mental Health Officer)

K. R. Pennington

(Deputy Mental Health Officer)

SOCIAL WORK

Throughout the year it has been possible to keep a full complement of social workers in each of the six districts of the city. As a consequence, slightly more attention has been given to long-term case work, but hopes of expanding the prevention, care and after-care services have been tempered by increasing referrals of "routine" cases leading to bigger case loads.

Early in 1969 it is hoped to evaluate the work done by the mental welfare officers in 1968, and to give careful consideration to case loads, district boundaries, and percentages of time devoted to the various aspects of their duties. Detailed research of this kind is overdue, particularly as increasing concern has been experienced over the number of quite properly referred cases which cannot be adequately followed up because of pressure of work on social workers. It is, however, not anticipated that relief can be afforded by re-arrangement of areas or by pruning of case loads (especially as the latter goes on continuously), and it seems inevitable that additional mental health social workers will have to be employed in order to meet the present heavy demands, and to provide for expansion of the mental health community care service.

MENTAL ILLNESS

Table "A" at the end of this report shows the number and sources of referrals to the mental welfare officers. This table is in the form required by the Ministry of Health, and does not include referrals made for the purpose of obtaining admission to hospital.

It will be noted that 115 men and 148 women, a total of 263, were notified to the mental health section for the provision of services, including workshops, hostels, and home visiting. In addition 132 men and 232 women were referred in order that hospital admission could be arranged.

In total, therefore, 627 men and women suffering from mental illness were dealt with during the year, an increase of 112 over 1967.

At the 31st December, 1968 the total case load of mentally ill persons receiving care in the community had risen from 194 to 218, an increase of 24, despite the fact that case loads were revised frequently and great care was taken in the selection of clients for social work support. It should be emphasised that many of these situations required close support entailing frequent visits and lengthy interviews.

SUBNORMALITY AND SEVERE SUBNORMALITY

At the 31st December, 1968, 715 mentally subnormal and severely subnormal children and adults were under the care of the mental health section. All of these were receiving home visits by mental welfare officers and 433 were attending training centres or workshops. Fourteen were attending hospitals on a daily basis, and 14 were living in hostels.

During the year 117 new cases were added to the mental welfare officers' case loads, but 145 names were removed from the "supervision" list including 54 patients who were admitted to hospital (38 informally and 16 compulsorily).

Waiting List

At the commencement of 1968 there were 38 names on the waiting list for admission to hospitals for the subnormal and severely subnormal, and during the year 25 names were added. Of these 63, 24 (12 male and 12 female) were admitted to hospital, and one died, leaving a total of 38 on the waiting list at 31st December, 1968.

In addition to the 24 admitted from the waiting list it was necessary to admit a further 30 as a matter of urgency, making a total of 54 admissions during 1968.

These admissions were arranged in accordance with the following provisions of the Mental Health Act 1959:—

			<i>M.</i>	<i>F.</i>	<i>Total</i>
Section 5 (Informal)	...	...	23	15	38
Section 25 (detained)	...	...	4	2	6
Section 26	„	...	4	2	6
Section 29	„	...	1	—	1
Section 60	„	...	2	1	3
			34	20	54

Hospital Day Care for the Mentally Subnormal

At the end of the year three children and 11 adults—a total of 14 cases, were attending hospital for daily care and training—an increase of six over 1967. All the day care patients were transported by the Bristol Ambulance Service, a female “guide” having been appointed to act as escort.

No special day hospitals have yet been created by the hospital authorities, so that patients have to be fitted into existing accommodation.

OUT-PATIENT CLINICS

Throughout 1968 mental welfare officers have continued to be involved in the psychiatric out-patient clinic service, making initial enquiries, attending some clinic sessions, and subsequently providing social worker support to clients at the request of psychiatrists.

In the “Assessment Clinics” provided for mentally subnormal patients by the Bristol Local Authority and the Regional Hospital Board, 50 new cases and 116 follow-up cases were seen during the year. Of the total of 166, the majority (128) were Bristol residents, the remainder being referred by neighbouring local authorities as shown below:—

			<i>New Cases</i>	<i>Follow-up Cases</i>	<i>Total</i>
Bristol L.H.A.	...	...	36	92	128
Gloucestershire L.H.A.	...	...	7	20	27
Somerset L.H.A.	...	...	4	3	7
Wiltshire L.H.A.	...	...	3	1	4
			50	116	166

Three assessment clinic sessions were held at the Bush Training Centre during 1968.

The link between the Assessment Clinic sessions attended by Dr. J. Jancar, Consultant Psychiatrist, and the Assessment Unit in the Stoke Park Group of Hospitals was the subject of a paper “Assessment Unit for the Mentally Retarded (A Six Year Survey)” which was presented by Dr. Jancar at the 7th International Congress on Mental Health in London in August, 1968.

WORKSHOPS AND TRAINING CENTRES

Snowdon Road Workshops

In the last annual report, the transfer of this workshop from Marlborough Hill to Snowdon Road was reported. The unit is now well established in its new environment and all of the 50 places have been filled. It has been necessary to create a short waiting-list for attendance, and the need for additional workshop provision has been accepted.

A small number of pupils on day release from special day schools for the educationally sub-normal are accepted for workshop experience and training, a policy which helps in the assessment of employment potential of boys and girls about to leave school, and also bridges the gap between school and employment.

A variety of work of a simple assembly nature is undertaken for a number of local manufacturers, but the main industry continues to be the assembly of dressing packs for distribution to hospitals by the Regional Hospital Board Supplies Department; during the year the number of types of pack assembled has increased from six to 10 and the total quantity of packs produced has also increased.

As usual, many visitors have been received during the year and, in addition, students from the Bristol College of Commerce Social Work Training Course have been provided with short-term practical placements.

BUSH TRAINING CENTRE

In the junior centre, the number of children attending rose from 132 in December, 1967 to 144 in December, 1968. The following table shows the distribution of children by class and age-group at the end of the year :—

<i>Class</i>	<i>Age Group</i>	<i>Boys</i>	<i>Girls</i>	<i>No. with Down's Syndrome</i>	<i>Total</i>
Nursery 1	4 — 6	6	9	9	15
Nursery 2	6 — 7	10	5	7	15
Junior 3	7 — 8	9	6	8	15
Junior 4	8 — 9½	10	5	6	15
Junior 5	9½—11	10	4	5	14
Junior 6	11 —12	6	7	6	13
Senior 7	12 —13½	9	6	4	15
Senior 8	13 —15	11	7	9	18
Senior 9	15 —17	13	11	9	24
		84	60	63	144

Three new training centre students were appointed during 1968, and of the existing students one returned from training and another was seconded.

In the Special Care Unit, there has continued to be a heavy demand for places, especially for children under five. By transferring some children to the Stratton Street Day Centre, and others for hospital day care, it has been possible to use the special care unit increasingly for the reception and assessment of these younger children. The numbers in the Special Care Unit at the end of the year were as follows :—

<i>Class</i>	<i>Boys</i>	<i>Girls</i>	<i>No. with Down's Syndrome</i>	<i>Total</i>
1	6	8	3	14
2	6	4	2	10
3	6	5	5	11
	18	17	10	35

All the classes cater for children of varying ages up to 16. Of the total of 35, 25 were attending full-time and 10 for two or three days a week. During the year, the holiday periods for the special care unit were increased to bring them into line with those of the Junior Training Centre.

In the Adult Training Centre the number of trainees on the register at the end of 1968 remains the same as at the end of 1967—189. Of those who left during the year, 17 were transferred to Snowdon Road Workshops and three to day hospital attendance; four were admitted to hospital for long-term care, and two died. Of the 30 accepted during the year, nine were transfers from the Junior Training Centre. Two small workshops are now used for new trainees entering the Adult Training Centre, and this has facilitated their observation and assessment. From here, they may progress either to the main workshops of the Adult Training Centre, or to the Snowdon Road Workshops. The distribution by age-groups of the adult trainees is as follows :—

<i>Age Group</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>
17—20	27	23	50
21—25	27	31	58
26—35	30	18	48
36—45	7	11	18
46—55	4	3	7
56—65	6	1	7
66 and over	1	—	1
	102	87	189

One Adult Training Centre instructor returned from secondment for training, having obtained his diploma, and another was seconded.

The three evening classes in General Education, Homecraft, and Carpentry continued to be popular and arrangements are in hand to start a fourth class in Sewing in January, 1969.

During 1968, 124 children and 33 adults were medically inspected by the School Medical Officer.

The two speech therapists continued to work with both children and adults for four sessions per week. Throughout the summer term weekly discussion groups with parents and teachers were held.

A record number of visitors—1,795 were received at the Bush Training Centre during 1968.

STRATTON STREET DAY CENTRE

This remained full throughout the year, and a small waiting list has been maintained.

Day care for 22 children and two young adults has been provided. A physiotherapist attends on a regular sessional basis, and weekly excursions of small groups to the Bush Training Centre swimming pool have been continued under her supervision. Regular medical and dental examinations have been conducted.

During the October half term break working conditions were improved by structural alterations to one of the sluices. It was also possible to replace the old and unsatisfactory solid fuel central heating boiler by a gas fired boiler and to re-arrange the domestic hot water heating system in order to give a constant supply of hot water.

HOSTELS

Residential Unit for Mentally Subnormal Children, Hengrove

Considerable difficulties were experienced during the year as a result of staff shortages, and on two occasions (once in February and once in October) the unit had to be closed for temporary periods at short notice. It has not been possible to appoint a permanent resident assistant matron and it has therefore been necessary to fill the post with candidates seeking temporary employment for short periods of a few months or weeks.

Despite these problems there were 134 admissions, and 62 families benefited from the service. The following table shows the number of children admitted each month during 1968:—

January	...	10
February	...	2
March	...	9
April	...	10
May	...	12
June	...	18
July	...	20
August	...	16
September	...	12
October	...	14
November	...	6
December	...	5
		<hr/>
		134

It will be seen that, as usual, the heaviest demand was during the summer holiday period.

Marlborough House Hostel for Mentally Subnormal Men

At the beginning of the year there were 20 men in residence, but this number dropped to 18 by the end of January. From March onwards the numbers gradually increased until the house became completely full on 15th November, 1968. At the end of December there was one vacancy. The average number of places occupied throughout the year was 19·75 (82%) as compared with 17·20 (72%) in 1967, and 14·14 (59%) in 1966.

In continuation of the committee's policy, a maximum of three "house-boy" long-term places were provided, and the remaining 21 places were allocated to men capable of full-time employment and in whose cases there were reasonable prospects of movement on into lodgings after a period of social training in the hostel.

During 1968 it was possible to accept two men for short-term care in order to relieve their relatives. There were six admissions for longer term care, two from hospitals for the subnormal,

and four from their own homes where behavioural and social difficulties had indicated a need for hostel care for at least a limited period.

Three longer term residents left Marlborough House during the year, two having to go into hospital and one to Borstal.

Devon House

This hostel has continued to be used for the rehabilitation of men and women suffering from mental illness, and selection of new entrants has been carried out on the criteria that hostel residents should be “employable” in either open industry or sheltered workshops, and not likely to need permanent hostel care.

On 1st January, 1968, there were seven men and three women in residence. During the year 11 men and three women entered the hostel and nine men and two women left. Therefore, at 31st December, 1968 there were nine men and four women living in the hostel.

Eight new entrants came from psychiatric hospitals, four from home addresses, one from a hostel run by a voluntary organisation, and one from lodgings.

Of those discharged, one woman had to return to hospital for further psychiatric treatment, three men went back to their own homes, five men and one woman moved into lodgings, and one man was admitted to a general hospital. The discharged residents had stayed in Devon House for the following periods :—

	<i>Men</i>	<i>Women</i>	<i>Total</i>
6 months or less	5	1	6
Between 6 and 9 months ...	3	1	4
Between 9 and 12 months ...	1	—	1
	9	2	11

Petherton

The first Bristol hostel for elderly mentally infirm men and women was officially opened by the Deputy Lord Mayor, Alderman C. Hebblethwaite, on 24th April, 1968.

Pleasantly situated in the junction between the Wells Road and Petherton Road, Hengrove, the hostel is purpose-built to accommodate 35 residents in any proportion of men or women. The two storeyed building has two wings each containing single and double bedrooms. There is a lounge to each of the four corridors and, on the ground floor, a dining room, kitchen, medical room and office. Handrails throughout the building facilitate movement of frail ambulant residents, and a lift is provided to simplify access to the first floor. Ample lawns and paved areas are provided for walking or sitting in the open.

The day-to-day administration and the welfare of the residents is the responsibility of a resident matron and deputy matron. A staff of attendants are employed on a rota basis, two being required to be on active duty throughout the night.

The hostel caters for elderly men and women who are not physically ill or in need of hospital care and treatment. They are mentally infirm to a degree which makes them difficult to manage in their own homes or in normal old people’s homes, but they are not so mentally ill that psychiatric hospital treatment is required. When deterioration in either mental or physical health occurs, transfer to an appropriate hospital is arranged.

Selection of residents for admission is the responsibility of the Chief Assistant Medical Officer of Health, who discusses all applicants with a consultant psychiatrist and a consultant geriatrician, and with the social workers involved. It is anticipated that, ultimately, the hostel will be closely linked to a proposed psycho-geriatric assessment unit.

Residents come from their own homes in the community, normal old people’s homes, geriatric hospitals or psychiatric hospitals. It is appreciated that there are many elderly mentally infirm men and women who are being cared for at home by relatives who are, themselves, under great stress, and it is the intention of the Social Services Committee to help as many families as possible by accepting residents for recurring periods of short-term care when beds are available. In this way the hostel will fulfil a preventive mental health function. However, the demand for places for urgent long-stay cases is so great that it is difficult to keep places available for short-stay care. In 1968 two men and five women were provided with short-term care, and returned to the community.

Medical care of the residents is provided either by the resident’s own general practitioner, if he is prepared to continue treatment in the hostel, or by a local general practitioner who has been

appointed medical officer of the hostel. Close support is afforded by psychiatric and geriatric consultants who visit the hostel on request, and who also attend regular hostel case conferences.

Although some essential differences between 'Petherton' and a normal old people's home are occasioned by the mentally disordered state of the residents, it is intended that in all possible ways 'Petherton' will operate on similar lines to Part III accommodation.

The first residents moved into Petherton on 17th April, 1968. It was thought to be desirable to build up the number of residents slowly, but by mid-September, 1968 all places had been filled and a considerable waiting list existed. A transfer to hospital late in December caused there to be one vacancy at the end of the year, but an occupant for the vacant bed had already been selected.

ADMISSIONS—YEAR ENDED 31st DECEMBER, 1968

	Male	Female	Total
From home address	3	24	27
From Part III accommodation	—	2	2
From General Hospitals	—	2	2
From Geriatric Hospitals	3	2	5
From Psychiatric Hospitals	5	3	8
	11	33	44

DISCHARGES—YEAR ENDED 31st DECEMBER, 1968

	Male	Female	Total
Died in Petherton	—	1	1
Returned to home address	2	5	7
Re-admitted to psychiatric hospital	1	—	1
Admitted to geriatric hospital and died therein	—	1	1
	3	7	10
<i>In residence at 31.12.68</i>	8	26	34

CLUBS

Somerset House Social Therapy Club and King Street Club

In the 1967 report a comment was made about the small attendances at the King Street club. That state of affairs continued in early 1968, but, conversely, the state of overcrowding in the Somerset House club increased, and there was a danger of having to create a waiting list.

In June, 1968, the King Street club organiser resigned from her post for personal reasons. It was then decided to close the King Street premises and to transfer the club to rooms at Marlborough Hill previously used as a workshop. As this building is adjacent to Somerset House the advantage was gained of having more extensive club premises with more club staff on the same site. It is hoped that this will simplify the grouping of club members for various activities.

At the close of the year there were 51 names on the club register and an average daily attendance of 24.

Steevens House

In 1968, there was little change in the membership of this club for elderly mentally disordered persons. At the end of the year the number on the club register was 26. There was an average daily attendance of 18.

Several of the residents of 'Petherton' became members of the club and were brought over from the hostel each afternoon by mini-coach. It was found, however, that the majority of the hostel residents were too mentally disordered to benefit from club attendance and too disturbed to be managed by the very small club staff.

Townsend Youth Club

During 1968 membership increased and the waiting list for new members requiring transport continued. Average club night attendances during the year were Mondays (Girls club) 40, Tuesdays (Boys club) 20, and Thursdays (mixed club) 85.



Petherton—from Wells Road



Petherton—Entrance Hall

Activities for the girls cover subjects such as knitting, needlework, painting, dancing, keep-fit, table tennis, and other indoor games, whilst the boys enjoy cricket, football, table-tennis, P.T., carpentry and handicrafts. Visits have been made to the Bristol Hippodrome pantomime, Chepstow, and London. Whilst in London members visited the Royal Tournament at Earls Court, Madam Tussauds, the Planetarium and Regents Park. The club entered two teams in the Bristol Association of Youth Clubs skittles knock-out tournament, and a party of club members went to the Fireworks Display at Eastville Stadium.

In October the club was awarded the Richard Hearne Trophy by the Bristol Association of Youth Clubs. This trophy is awarded annually to the club which has shown outstanding achievement during the year. The presentation was made by Her Grace The Duchess of Beaufort, at the Corn Exchange, during the Annual General Meeting of the Bristol Federation of Youth Clubs.

A civic visit was made to the club by the Lord Mayor, Alderman Mrs. Mercia Castle, her Consort, the Sheriff and his Lady, and members of the Bristol Association of Youth Clubs.

In connection with Club Week activities, Mr. Frankie Vaughan paid a flying visit to the Bush Training Centre to see club members.

TABLE A
NUMBER OF PERSONS REFERRED TO LOCAL HEALTH AUTHORITY DURING THE YEAR ENDED 31st DECEMBER, 1968

Referred by	Mentally ill				Psychopathic				Subnormal				Severely subnormal			
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
(a) General practitioners	7	25	—	—	—	—	—	1	1	—	—	—	—	34
(b) Hospitals, on discharge from in-patient treatment	35	48	—	—	—	—	—	5	6	—	1	3	1	99
(c) Hospitals, after or during out-patient or day treatment	17	23	—	—	—	—	—	—	1	—	1	—	1	43
(d) Local Education Authorities	—	—	—	—	—	7	8	3	5	8	7	—	—	38
(e) Police and Courts	5	1	—	—	—	1	—	—	—	—	—	—	—	7
(f) Other sources	51	51	—	—	—	5	2	10	7	18	9	5	1	159
(g) Total	115	148	—	—	—	13	10	19	20	26	18	8	3	380

TABLE B

NUMBER OF PERSONS UNDER LOCAL HEALTH AUTHORITY CARE AT 31st DECEMBER, 1968

	Mentally ill				Elderly mentally infirm				Psychopathic				Subnormal				Severely subnormal				TOTAL				
	Under age 16				16 and over				Under age 16				16 and over				Under age 16					16 and over			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)							
1. Total Number	...	—	86	92	9	31	—	—	—	27	24	63	85	113	122	178	103	933							
2. Attending workshops, day centres, or training centres (including special units)	...	—	—	—	—	—	—	—	—	23	9	29	51	84	75	93	69	433							
3. Awaiting entry to workshops, day centres, or training centres (including special units)	...	—	—	—	—	—	—	—	—	2	—	—	—	1	4	—	—	7							
4. Receiving home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
5. Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
6. Resident in L.A. home/hostel	...	—	8	4	8	26	—	—	—	—	—	7	—	1	—	6	—	60							
7. Awaiting Residence in L.A. home/hostel	...	—	—	1	1	4	—	—	—	—	—	—	—	—	—	—	—	6							
8. Resident in other home/hostel	...	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1							
9. Boarded out in private household	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—							
10. Attending day hospitals	...	—	—	—	—	—	—	—	—	—	—	—	—	2	1	8	3	14							
Receiving home visits and, not included in lines 2-10	(a) suitable to attend a training centre																								
11. included in lines 2-10	—	—	—	—	—	—	—	—	—	2	—	4	10	3	4	9	14	46							
(b) others	78	87	—	—	—	—	—	—	—	—	15	23	24	22	38	62	17	366							

TABLE C
**NUMBER OF PATIENTS AWAITING ENTRY TO HOSPITAL, ADMITTED FOR TEMPORARY RESIDENTIAL CARE
OR ADMITTED TO GUARDIANSHIP DURING 1968**

	Mentally ill			Elderly mentally infirm			Psychopathic			Subnormal			Severely subnormal			TOTAL		
	Under age 16 16 and over						Under age 16 16 and over			Under age 16 16 and over			Under age 16 16 and over					
	M	F	(1)	M	F	(2)	M	F	(3)	M	F	(4)	M	F	(5)			
1. Number of persons in L.H.A. area on waiting list for admission to hospital at end of year																		
(a) in urgent need of hospital care ...	—	—	—	—	—	—	—	—	—	1	—	—	—	5	5	—	12	
(b) Not in urgent need of hospital care ...	—	—	—	—	—	—	—	—	—	2	2	7	—	3	2	5	4	25
(c) Total ...	—	—	—	—	—	—	—	—	—	3	2	7	—	8	7	5	5	37
2. Number of admissions for temporary residential care (e.g. to relieve the family)																		
(a) To N.H.S. Hospitals	—	—	—	—	—	—	—	—	—	1	—	3	1	16	13	17	25	76
(b) To L.A. Residential accommodation ...	—	—	—	—	3	7	—	—	—	—	—	—	—	82	56	—	—	148
(c) Elsewhere ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Total ...	—	—	—	—	3	7	—	—	—	1	—	3	1	98	69	17	25	224

AMBULANCE SERVICE

E. C. G. Joy
(Chief Ambulance Officer)

1968 was the first complete year of operation since the whole service was re-housed in the Central Station. The transition and readjustment from the previous peripheral stations has been successfully accomplished.

The year showed a continued upward trend in the number of patients carried and mileage run.

Together with the supplementary services, Hospital Car and Taxis Association, the Ambulance Service conveyed a total of 189,906 patients to and from Hospitals, involving journeys totalling 892,775 miles.

This was an increase of 7,956 patients over the previous year and an additional 36,375 miles.

The following tables show the comparative annual statistics over the last four years.

PATIENTS CONVEYED

Year	Emergencies	Bristol Ambulance Service				Supplementary Services		Grand Total
		Maternity	Infectious Diseases	General	Total	H.C.S.	Taxis	
1965	7,995	2,254	230	159,005	169,484	4,204	1,823	175,511
1966	8,136	2,043	178	160,843	171,200	4,405	2,142	177,747
1967	8,372	1,939	296	165,169	175,776	4,322	1,852	181,950
1968	8,286	1,988	205	171,279	181,758	5,382	2,772	189,906

MILEAGE RUN

			Bristol Ambulance Service			Supplementary Services		
Year			Ambulances	Dual Purpose	Total	H.C.S.	Taxis	Grand Total
1965	...	...	482,589	300,288	782,877	31,582	10,530	824,989
1966	...	...	482,415	305,947	788,362	34,082	12,375	834,819
1967	...	...	476,796	332,798	809,594	35,418	11,388	856,400
1968	...	...	482,548	340,894	823,442	50,769	18,564	892,775

METHOD OF CONVEYANCE

			<i>Ambulances</i>		<i>Dual</i>	<i>Supplementary Services</i>		
<i>Year</i>			<i>Stretcher</i>	<i>Two man Assisted</i>	<i>Sitting</i>	<i>Purpose Sitting</i>	<i>Taxis Sitting</i>	<i>H.C.S. Sitting</i>
1965	...	...	32,574	19,120	34,216	83,574	1,823	4,204
1966	...	...	31,957	19,650	33,118	86,475	2,142	4,405
1967	...	...	34,443	19,752	30,928	90,653	1,852	4,322
1968	...	...	33,562	19,987	31,893	96,316	2,772	5,382

The increase in patients has been due mainly to the establishment of day centres at Hospitals for Psychiatric and Geriatric cases.

The close co-operation that exists between adjoining Ambulance authorities was illustrated on the night of July 10th/11th, when severe flooding took place in Bristol and surrounding areas. The Chew valley was particularly badly hit, with houses and road bridges at Keynsham and Pensford being swept away.

Although various districts of Bristol were involved, two Ambulances were sent from Bristol to assist the Somerset authorities at Keynsham and Pensford. After taking a casualty from Pensford to the Bristol Royal Infirmary, the crew returned with life jackets and lines loaned from the Royal Naval Reserve vessel "Flying Fox" to assist the Police and Fire Brigade personnel to search houses that had been inundated with flood water.

The team entered by the Bristol Service in the Regional competition organised by the National Association of Ambulance Officers were runners-up to the Devon Ambulance team, failing by only half a mark to take first place.

1968 also saw the commencement of local training courses for new entrants on the lines indicated by the Working Party Report of the Ministry of Health. It is anticipated that training will play an increasing role both for new and established staff.

Thanks are due once again to the Hospital Car Service and Taxis Association for helping the Ambulance Service to meet the increasing commitments. As always, any demands on them were dealt with efficiently and promptly.

The staff of British Railways continued to provide facilities and assistance in the movement of patients, and this is greatly appreciated. Though increasing use of modern rolling stock is starting to limit the movement of stretcher cases by rail nationally, at local level facilities still exist to link Bristol with most of the major cities. The local administrative staff of the Railways are well aware of the problems and are lending their support in an endeavour to ensure continuation of provision by the Railways for the movement of stretcher cases over long distances.

The Avonmouth Docks Ambulance assistance was sought in providing cover in the area surrounding the Docks and dealt with a number of cases on behalf of the Bristol Ambulance Service during the year.

The provision of mechanical service and repair facilities at the Central Station continued to show their effectiveness in keeping fleet maintenance problems to a minimum. Thanks are due to the Transport and Cleansing Department Staff employed in the maintenance bay for their efforts in this direction. A close liaison is maintained with the officers of the Transport and Cleansing Department and the success of this co-operation is reflected in the excellent relationships that exist.

Considerable interest was shown by various organisations in the work of the Ambulance Service and a large number of visits during the year were arranged for groups to come to the Central Ambulance Station to see the operational control, vehicles and equipment.

Officers of the Service visited other groups to talk on the work of the Service. This included films on Resuscitation techniques and film strips on First Aid, etc.

A start was made on compiling the Service's own series of film slides depicting various aspects of training of recruits, the development of ambulances over the years, handling of patients and equipment used. These have proved very useful in supplementing the talks given. It is hoped to increase the range and number of these slides.

CARE AND AFTER CARE

CARE OF THE AGED

J. F. Skone

(Deputy Medical Officer of Health)

STATUTORY SERVICES

(Co-ordination)

Dr. W. H. Lloyd, Consultant Physician, United Bristol Hospitals, South Western Regional Hospital Board and Social Services Committee reports as follows :—

Following the acceptance in principle of my initial report of the Geriatric Services for the City and County of Bristol in 1966 some progress has been made towards creating an integrated Geriatric Service. The main deficiency is in the hospital services and to date the major developments since 1966 have been in this area. In January 1968 the Policy Making Committee for the Geriatric Services agreed in principle to the idea of developing Geriatric teams based on existing general hospitals serving defined areas of the City and clinical area. Dr. G. Burston who will succeed Dr. W. Hughes in August 1969 has been appointed to Southmead. He has been given acute Geriatric medical beds in Southmead and Ham Green Hospitals, and has additional Geriatric beds in Ham Green, Thornbury and Manor Park. It is hoped that by October 1970 30 acute medical beds will be available for me in The Bristol General Hospital. The Department of Health and Social Security and The Regional Hospital Board are anxious to establish a Consultant Physician in Geriatric Medicine based on Frenchay Hospital and it is hoped that Frenchay Management Committee will shortly accept this. With the establishment of three such teams each headed by a Consultant Physician, each having direct access to the facilities of a General Hospital, phase one of the development of a Geriatric Service for Bristol will be complete.

It has been agreed that Manor Park Hospital should be developed as the main hospital centre in Bristol for the rehabilitation of Geriatric patients. Each of the three Geriatric teams will have a share of the available facilities.

Since 1966 the following developments have taken place at Manor Park :—

- (1) A new fifty-six bedded pre-fabricated assessment unit "Churchill Ward" was opened in 1967.
- (2) A ten bedded pre-discharge unit and Day Hospital "Cotswold Ward" was opened in 1967. This provides approximately fifteen places for day patients in addition to ten in-patients. The day patients are drawn primarily from the adjacent area of the City. During 1968, 60 new day patients were treated. There were a total of 1,620 attendances and 120 patients were treated in the ten beds as in-patients.
- (3) Since January 1967 a new and follow-up Out-Patients Clinic has been established. In 1968, 138 new out-patients were seen and there were a total of 886 attendances.
- (4) A Department of Social Work has been established and now consists of five trained Social Workers and four Social Worker Assistants. The Department undertakes the practical training of students of the 1 and 2 year Younghusband Course run by the College of Commerce.
- (5) The Occupational Therapy Department has been further developed and now consists of five trained Occupational Therapists with ten untrained Occupational Therapy helpers. The Central Department is due for physical upgrading to meet the greatly increased demands on the Department.
- (6) Following discussion between representatives of The Management Committee and The Regional Hospital Board, the overall establishment of the nursing staff at the Hospital has been increased and it has been possible to staff this establishment.
- (7) The referral rate to the Hospital rose from 1,128 in 1966 to 1,797 in 1968. There has been an increase in the overall waiting list. At the end of 1966 the overall waiting list was 48, by the end of December 1968 it had risen to 81. There has been a modest but significant increase in the admission rate. In 1966, 1,300 patients were admitted, during 1968, 1,476 patients were admitted. In 1966 530 were discharged from Manor Park, either to their own homes or Residential Homes. In 1968, 851 such discharges took place.

- (8) A Psycho-Geriatric assessment unit of twenty beds to be run jointly by a Psychiatrist and a Geriatrician, has been established at Manor Park. A new post of Consultant in Psychiatry, having a special interest in the mental health of elderly people has been established. Dr. M. Nicholas has been appointed to this post and has been given clinical charge of the Psycho-Geriatric division in Glenside comprising some 350 beds. He will take up his post in August 1969.
- (9) Regular weekly meetings between officers working in the field of the elderly in the Bristol and Gloucester Local Authorities are now firmly established.

SOCIAL SERVICES COMMITTEE

The Social Services Committee is responsible for domiciliary services for many old people including:—

Chiropody Service

1. *Numbers of patients treated during year ending 31st December, 1968*

(a) Elderly persons									
In clinics. Current list, 5,302, plus discharged 813	...	...	...	...	...	...	...	...	6,115
Domiciliary visits. Current list, 1,790, plus discharged 630	...	...	...	...	...	...	...	...	2,420
Welfare Homes. Residential list, all eligible for treatment	...	...	...	...	...	...	...	...	869
Total elderly									9,404
(b) Physically handicapped persons									
In clinics. Current list, 63, plus 5 discharged	...	...	...	...	...	...	...	...	68
Domiciliary list. Current list, 28, plus 6 discharged	...	...	...	...	...	...	...	...	34
Total physically handicapped									102
(c) Expectant mothers									
All in clinics. Current list 5, plus 4 discharged	...	...	...	...	...	...	...	Total	9
(d) Schoolchildren (not under Section 28 of N.H.S. Act)									
First attendances (regarded as number under treatment)	...	...	...	...	...	...	...	...	1,397
Grand total of all who have been treated									10,912

2. *Number of treatments given to the various categories*

(a) Elderly persons									
In clinics	...	...	...	...	...	...	...	...	23,299
Domiciliary list (Including 4,048 by private practitioners)	...	...	...	...	...	...	...	...	10,587
Welfare Homes	...	...	...	...	...	...	...	...	3,948
Total elderly									37,834
(b) Physically handicapped									
In clinics	...	...	...	...	...	...	...	...	213
Domiciliary list	...	...	...	...	...	...	...	...	209
Total physically handicapped									422
(c) Expectant mothers, all in clinics									
...	...	...	...	...	...	...	...	...	10
(d) School children									
All in clinics (1,397 first plus 5,144 other treatments)	...	...	...	...	...	...	...	...	6,541
Grand total of all treatments									44,807

3. *Turnover of patients during the year ending 31st December, 1968*

In clinics.	Elderly.	New admissions to list	...	...	...	...	...	1,371
	Handicapped.	do.	...	...	...	...	...	31
	Expectant mothers	do.	...	...	...	...	...	6
Total								1,408
Domiciliary list.	Elderly	New admissions to list	...	...	...	...	...	740
	Handicapped	do.	...	...	...	...	...	8
	(No expectant mothers)							
Total								748

No turnover of patients in Welfare Homes is assessed, as all residents are eligible for treatment, and the turnover of residents is fairly rapid.

School children.	New admissions to treatment list	1,397
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4. *Number of sessions*

In clinics. (elderly, handicapped, and expectant mothers)	2,934
In Welfare Homes. (elderly)	...	...	...	...	382
In school children's sessions in clinics	...	...	...	...	363

Domiciliary visits cannot be strictly calculated in sessions except by the Whitley Council rate, of three visits being equal to one clinic session. Therefore say 10,587

treatments divided by 3	3,559
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5. It is a matter for regret that in spite of efforts to keep the domiciliary waiting down, there were still 176 patients awaiting their first treatment. This waiting period fluctuates between three to six months. If no expansion during 1969 takes place, this waiting list will expand to over 1,000 cases.

6. Three members of the full-time chiropody staff were absent on sick leave during the year amounting to a total of 21 weeks. Part of their work was covered by private practitioners doing locum tenens sessions in their place, but it could not all be covered, and clinic waiting periods between treatments inevitably lengthened. The domiciliary visits during these periods of absence were distributed to other members of the full-time staff, where possible, giving priority to the more urgent cases. Periods between treatments here too, had to be lengthened.

It must be admitted that this period between treatments is, in both clinical and domiciliary cases, too long. It varies from 2 to 3 months, which is in general 2 to 3 times longer than the ideal for elderly patients, and reaches the point when each treatment is akin to a first treatment, with little or no improvement. The booklet "Foot Care At All Ages", a Family Doctor booklet published by The British Medical Association, recommends (page 23) that elderly patients should be treated at monthly intervals. It is doubtful whether these ideal preventive measures can ever be implemented under present conditions, but it is important that the interval should not exceed two months for the majority of elderly patients. In view of the present shortage of places in Welfare Homes and Hospital beds in geriatric wards, it is imperative that the maximum effort should be made to give priority to those measures to keep elderly people mobile and not house-bound, or if house-bound not bed-fast. In view of the present economic circumstances, the difference in cost of these preventive measures in caring for their feet to prevent pain, and their admission to a Home or Hospital is enormous, and would make a significant saving in budgeting for health care.

More chiropody staff would, however be required to extend this cover. No elderly person wants to be admitted to Hospital or a Home if they can reasonably manage in their own home. It is a pity if this takes place, or is accelerated through lack of professional care to their feet to keep them mobile.

RETIREMENT CLINICS

Dr. Elizabeth Hocking, Senior Registrar at Manor Park Hospital reports about St. George Health Centre :—

The retirement clinics at St. George Health Centre and Corbett House have continued and the findings are summarised below. The emphasis remains on the prevention of disease and difficulties in the older age groups and the detection of abnormalities requiring treatment. It has also been possible to contribute to a multicentre research project on the level of Vitamin C in elderly persons.

Amongst those attending for the first time significant abnormalities include diabetes, anaemia, heart failure, inguinal hernia, hypothyroidism, infected Bartolin's cyst, Parkinson's disease, floating kidney and non toxic goitre. Nearly one in four were significantly overweight.

Patients were reviewed to assess progress after treatment or if any special difficulties had emerged which needed further discussion. A full review of all patients within five years of attendance is planned so that the present policy of preventive medicine for the retired population is continued.

INITIAL ASSESSMENTS

Findings	M.	F.
Number attending	44	64
Significantly overweight	8	18
underweight	2	1
Hypertension (B.P. over 170/110)	1	3
Anaemia (Hb. under 11·8G%)	2	4
Abnormal cardiographs	6	6
Abnormal urine—glycosuria	1	2
albuminuria		1
++Sulkowitch Test	2	4
Other significant abnormalities	10	7
Other difficulties	2	9
Treatments suggested		
Referred to General Practitioner	2	10
Referred to Dietitian	1	9
Referred for Physiotherapy	2	5
Referred for Chiropody	3	9
Referred for Ophthalmic opinion	2	4
Referred for Dental care	2	2
Ear Defects (referred for syringing)	6	3

REATTENDANCES

	<i>Treated</i>		<i>Improved</i>	
Number of attendances	63		135	
Physiotherapy	4	3	14	12
For correction of anaemia	3	2	11	9
For weight correction	10	7	19	16
For hypotensive therapy	1	0	1	1
Decrease in Sulkowitch test after Calcium	5	4	3	3
Further discussion of difficulties	1	—	14	—

Dr. Patricia Thomas reports about the Retirement Clinic at Corbett House :—

During the past year the retirement clinic has discovered three severe anaemias, a carcinoma of the rectum and an enlarged prostate requiring surgery, apart from many minor treatable conditions.

		<i>New Patients</i>		<i>Old Patients</i>		<i>M.</i>	<i>F.</i>	<i>Total</i>
		<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>			
Corbett House ...		32	44	6	22	28	76	104

The findings are summarised as follows :—

NEW PATIENTS

	<i>F.</i>	<i>M.</i>
1. Underweight (referred to dietician)	—	3
2. Overweight (referred to dietician)	10	2
3. Hypertension B.P. 170/110	2	5
4. Low Hb. 80%	—	3
5. Abnormal E.C.G.	7	5
6. Circulatory Defects	3	5
7. Urine		
(a) Ca.	9	13
(b) Alb.	—	1
(c) Sugar	3	2
8. Foot defects (referred to Chiropodist)	10	4

					<i>F.</i>	<i>M.</i>
9. Eye defects (vision raised I.O.P.)	...	...	...	...	—	1
10. Hearing defects	...	...	...	...	6	6
11. Varicose Veins	...	...	...	...	5	5
12. Arthritic Conditions	...	...	...	...	11	3
13. Chronic Chest Conditions	...	...	...	...	6	1
14. Hernia	...	...	...	...	2	—
15. Digestive disorders	...	...	...	...	1	1

Health Visitor Service

The Special Health Visitors dealing with the sick and aged visited 1,750 new cases compared with 1,825 in 1967. However, other cases visited during the year totalled 2,718, making a total of 4,468 cases seen. The corresponding figure for 1967 was 4,313.

The total visits paid during the year were equally shared by the special health visitors and their assistants. Together they paid 13,816 visits compared with 13,997 in the previous year. In addition to these visits by the special staff, the district health visitors also paid 2,040 visits to the aged.

The following is a summary of cases visited for the first time in the current year by the special health visitors and their welfare assistants.

						<i>Males</i>	<i>Females</i>
1. 65 years of age and over	...	...	...	...	...	1,214	2,952
2. Under 65 years of age	...	...	...	...	...	96	206
3. Number in '1' visited at special request of G.P. or hospital	...	...	...	...	...		1,283
4. Mentally disordered persons	...	...	...	...	...		11
5. Number in '4' visited at special request of G.P. or hospital	...	...	...	...	...		9
6. Persons discharged from hospital other than mental hospitals	...	...	...	...	...		440
7. Number in '6' visited at special request of G.P. or hospital	...	...	...	...	...		420
Total number of household visits during the year	...	...	...	...	...		12,748

Home Help Service

At the end of the year there were 16 full-time and 685 part-time home helps, an increase of one full-time and a decrease of 25 part-time home helps as compared with the previous year.

Home helps gave 677,485 hours of help during the year; 655,318 hours, or 97 per cent of all hours worked by home helps were devoted to the assistance of a total of 4,236 old and chronically sick people, an increase of 165 compared with 1967.

Home Nursing Service

There were 58 full-time and 8 part-time Queen's Nurses and 10 State Enrolled nurses employed in this Department.

Laundry Service

The Laundry Service, organised by the Department, continued during the year, using the same facilities as in previous years. There was an increase of nearly a hundred persons using the service and this resulted in a corresponding increase in the number of articles laundered and the visits necessary to affect exchange. Transport for the collection of soiled linen and delivery of laundered sheets and gowns continued to be provided by the staff at the Disinfecting Station, whilst the actual laundering of the articles was carried out in the laundry operated at 100 Fishponds Road by the Welfare Services Department.

Details of the service were as follows:—

Number of visits	...	18,649
Articles laundered	...	46,304
Mileage	...	16,036

The number of persons for whom the service was provided was 648. Of these, 293 patients were transferred from 1967. In addition sheets and gowns were issued on temporary loan to 50 patients, but laundry facilities were not required.

The Social Services Committee contributed £350 to the Bristol Old People's Welfare (Voluntary) Ltd., towards the laundry service maintained by that organisation.

Night Watcher Service

There were 1,183 nights worked and the service was given to 135 patients.

Housing Committee

(a) *Pre-War Estates*

During the year a further four houses were converted to make eight flats, making a total to date of 148 conversions providing 296 units of accommodation.

(b) *Post-War Programme*

By the 31st December, 1968, 4,453 one-bedroom and bed-sitting room units had been completed. The units completed during 1968 were distributed as follows:—

Easton	...	132
Hartcliffe	...	16
Bedminster	...	15
Speedwell	...	7
Kingsdown	...	1
		<hr/> 171

The 38 dwellings at Hartcliffe, Bedminster and Speedwell were purpose built elderly persons dwellings, representing 22·2% of the total of 171.

There are 151 one-bedroom units of accommodation under construction, of which 111 (73·5%) are specifically for elderly persons.

(c) *Proportion of Small Units of Accommodation*

	<i>1-Bed and BSR Flats</i>	<i>Total No. of Dwellings</i>	<i>%</i>
Pre-War and Post-War	5,027	43,501	11·5
Post-War	4,453	28,617	15·5
Contracts scheduled to be completed in 1969	151	634	23·8
Projected totals as at 31.12.69 (Post-War)	4,604	29,251	15·7
Contracts scheduled to commence in 1969	212	410	51·7

VOLUNTARY SERVICES

BRISTOL OLD PEOPLE'S WELFARE INCORPORATED

This voluntary body, which receives a grant from the City Council provides the following services:—

Accommodation

"Anchor House", 14 Eaton Crescent, BS8 2EJ in conjunction with the Anchor Society—11 unfurnished flatlets for able-bodied elderly people with sitting-room and dining-room; lift; central heating; launderette. Mid-day meal provided.

"Beverley Cottage", 41 The Esplanade, Burnham-on-Sea—a holiday rest home for 20 frail elderly people. Open all the year.

"Cote", Cote Drive, Westbury-on-Trym, BS9 3UR—21 unfurnished flatlets and guest room for able-bodied elderly people in middle income group; with sitting-room and dining-room; lift; central heating; launderette. Mid-day meal provided (optional).

"Cowlin House Rest Home", 26–28 Pembroke Road, BS8 3BB. Accommodation for 28 frail elderly people—14 single rooms, 7 double. Trained nurse in charge. Full board; central heating; lift; with sitting-room, T.V. room and dining-room.

"Dulverton House Rest Home", 11 Eaton Crescent, BS8 3EJ—Accommodation for 26 frail ambulant men and women, 16 single rooms; other residents share cubicled rooms. Trained nurse in charge. Full board; central heating; lift; with sitting-room, dining-room and T.V. room.

"Hanbury Court", Hanbury Road, Clifton—14 self-contained flats—bed-sitting room, one bedroom and two bedrooms with own kitchens and bath-rooms, etc. Emergency call system to "Cowlin House". Launderette; central heating.

"New Cote Rest Home", Cote House Lane, Westbury-on-Trym, BS9 3UW—accommodation for 16 frail elderly people. Trained nurse in charge. Full board; central heating; sitting-rooms; dining-room; television, etc.

"Rowan Court", Morley Street, Barton Hill, BS5 9LZ—48 self-contained flats with day room, launderette and warden service; central heating; lifts.

“Stockwood”—150 self-contained flats on three sites—i.e.
 Chestnut Close, Pynne Road, BS14 8QL
 Linden Close, Cornish Walk, BS14 8JG
 Maple Close, Stockwood Road, BS14 8HY

with day room, launderette, central heating and warden services on each.

“Stratheden”, 6–8 Eaton Crescent, BS8 3EJ—27 unfurnished flatlets for able-bodied elderly people with sitting-room and dining-room; lift; central heating, launderette. Mid-day meal provided.

“Worcester Court”, 3 Worcester Road, BS8 3JL—13 unfurnished two-room flats and 19 unfurnished flatlets. Lift; central heating; with day-room, dining-room, launderette and warden service. Mid-day meals optional.

Day Centres

A Day Centre for housebound elderly people is run two days a week in the Day Room, Linden Close, Stockwood, covering Knowle, Whitchurch, Stockwood and Brislington. A second Centre operates in the Day Room at Rowan Court, Barton Hill, one day a week; this will be increased to two days a week in March, 1969. It is anticipated that a further Centre will be opened at Worcester Court, Clifton, about the same time.

The elderly people are collected from their homes by mini-bus and private cars about 10.30 a.m. In addition to morning coffee and afternoon tea mid-day meals are provided by the voluntary workers. Activities include craftwork, games, community singing and entertainment. The charge is 3/6d per day.

Laundry Service

Laundry is collected from and delivered to approximately 150 old people living in their own homes, and washing is carried out in a launderette situated in the basement of “Stratheden”.

Friendly Visiting

Volunteers help with shopping, mending, etc., for elderly people in all parts of the City.

Holidays

Convalescent holidays subsidised from voluntary funds are arranged for infirm old people.

About 1,250 able-bodied elderly people are sent for escorted holidays in seaside hotels and guest houses in Spring and Autumn.

Coach outings are arranged in the Spring for over 6,000 elderly people.

Mobile Library

Volunteers take books to elderly people in their own homes. There is a large stock of books, including an excellent supply of Large Print Books, kept at B.O.P.W. offices, and a charge of 1d. per week is made towards transport costs.

Miscellaneous Services

These services include assistance with clothing; the loan of blankets; wireless for the housebound; the loan of sick room equipment; comforts; advisory service and the distribution of coal; fruit, flowers, firewood, etc.

Mobile Physiotherapy Service of Bristol District Nursing Association

Physiotherapists	...	...	...	3
Mobile Vans	...	...	...	3
Number of cases brought forward 1st January	...			47
Number of New cases attended during the year	...			228
			Total	275
Patients recommended by Hospital Consultants	...			21
Patients recommended by General Practitioners	...			207

Age Group	New Cases
0–4	1
5–14	5
15–64	46
65+	176
Total number of visits to all patients	... 3,945

	<i>Treatment given</i>			
Massage	2,269
Electrical	1,666
Exercises	3,195

The treatment is recommended by general practitioners, orthopaedic surgeons and hospital consultants.

Where patients are referred by hospital consultants a fee of 15s. 0d. is paid by the Regional Hospital Board. Otherwise there is no fixed charge and patients contribute according to their means.

Contributors to the Bristol Hospitals Fund and Bristol Contributory Welfare Association may claim limited payment for mobile physiotherapy treatment. W. D. & H. O. Wills, through their employees' Health Scheme, continue to give active support to the service.

CARE OF HANDICAPPED PEOPLE (ADULTS)

Local Health Authority Services

Report of the Senior Medical Social Worker, Marion Moncaster

OCCUPATIONAL HEALTH

The Social Worker dealt with 73 cases during the year, 33 new ones and 40 carried forward from the previous year, and the Senior Medical Social Worker with ten new ones and four carried forward from the previous years whose problems were more complex.

Given below are tables showing details of referrals, types of problems and the employing Departments concerned.

(1) Referrals						<i>S.W.</i>	<i>S.M.S.W.</i>	
1.	Senior Medical Officer, Occupational Health	...				6	10	
2.	Employer, direct to Social Worker	...	...	...		2	2	
3.	Housing Safety Welfare Officer	...	...	...		—	—
4.	Self (both known to Social Worker already)	...	...	...		2	—	
5.	Other Corporation employees	...	...	...		2	—	
6.	Followed up by Social Worker from previous							
	year's cases	...	...	...	...	40	—	
7.	Disablement Resettlement Officer	...	...	...		3	—	
8.	Other Social Workers	...	...	...	...	3	2	
9.	Relative	...	...	...	...	1	—	
10.	General Practitioner	...	...	...	...	1	—	
11.	Sick returns	...	...	...	...	13	—	
						<hr/> 73	<hr/> 14	Total <hr/> 87
(2) Type of Problem								
1.	Failure to function effectively at work because of							
	personality or psychological difficulties	...	...			1	7	
2.	Adjustment to early and inevitable retirement	...				6	—	
3.	Adjustment to disability while still working	...	...			4	—	
4.	Resettlement in work outside Corporation	...	...			8	1	
5.	Resettlement in work inside Corporation	...	...			5	3	
6.	Need for support to one partner of married couple							
	during sickness or after the decease of the other	...				7	—	
7.	Need for support to family where both partners							
	suffering ill-health	...	...	...	...	1	—	
8.	Financial	...	...	...	...	4	—	
9.	Marital disharmony	...	...	...	...	1	—	
10.	Care of sick elderly relative	...	...	...	...	—	—
11.	Need for terminal care	...	...	...	...	—	1	
12.	Housing	...	...	...	...	—	—
13.	Family difficulty aggravated by bad housing	...				—	—	
14.	Personal	...	...	...	...	1	1	
15.	Support to employee and family when former off sick	...	...	...	...	12	1	
16.	General care after retirement	...	...	...	...	22	—	
17.	Effect of disability on promotion	...	...	...		1	—	
						<hr/> 73	<hr/> 14	Total <hr/> 87

(3)								<i>No. of cases</i>	
<i>Departments</i>								<i>S.W.</i>	<i>S.M.S.W.</i>
Baths	...	...	...	...	...	...	...	1	—
City Engineer's	...	...	...	...	...	...	...	11	—
City Valuer's	...	...	...	...	...	...	...	1	—
Education	...	...	...	...	...	...	...	1	7
Health and Social Services	...	...	...	...	...	...	...	4	2
Housing	...	...	...	...	...	...	...	14	3
P.B.A.	...	...	...	...	...	...	...	2	—
Police	...	...	...	...	...	...	...	1	—
Town Clerk's	...	...	...	...	...	...	...	1	—
Transport and Cleansing	...	...	...	...	...	...	...	37	2
								73	14
								Total 87	

Reference was made in the report for 1967 of the need to make the service known to employees and in order to facilitate this and also to identify those who are in need of social work help a scheme for departmental sickness returns has been extended. Heads of Departments were consulted and Supervisors met personally by the Social Worker and all were willing to co-operate fully. Selection of those who may be experiencing difficulties is made with the assistance of Supervisors who know them personally and a letter is sent by the Social Worker offering to visit if this would be helpful to the individual.

Since the scheme started one Supervisor has commented that he thinks his men return to work earlier than they might because of the interest shown in them. For the same reason the majority, so far, have shown gratitude even if they have no particular problem. Even with a limited beginning the scheme has revealed that of those receiving letters 13 were in need of assistance.

CASEWORK SERVICES

CHEST CLINIC SOCIAL WORK AND AFTER-CARE OF PATIENTS DISCHARGED FROM GENERAL HOSPITALS

Throughout the year patients attending the Chest Clinic required short term help from the social workers during the acute phase of illness and some of this was undertaken in co-operation with the medical social workers at Ham Green Hospital. The main purpose was to reduce anxiety and enable the patient to respond to treatment. The main caseload, however, in this field and in the after-care of patients having continuing social problems and referred to the Senior Medical Social Worker when discharged from general hospitals in the City, was with those with chronic and often deteriorating illness or those facing early death as a result of malignant disease.

For the former, the onset of acute illness can produce an emergency situation until adjustments can be made and this is particularly the case for families whose social stability is normally precariously maintained. For the latter, even where family and other social relationships are good, long-term illness can lead to severe deprivation, for even with a scheme of graduated social security benefit and supplementation, income gradually diminishes. For the families of those who are dying, the physical and emotional strain in caring for the sick person is often further complicated by the lack of means to provide additional comfort.

Social workers have been aided in their task through the work of the Bristol Tuberculosis Voluntary Care Committee which has done much to relieve financial stress among patients and families where illness is associated with chest and heart conditions.

Caravan holidays have benefited many families who otherwise would not have a holiday, and in long-term illness this helps to maintain a social equilibrium in a society sufficiently affluent for most of its members to take some kind of holiday or to send their children on educational holidays abroad. Similarly, those who are elderly and infirm and living a restricted life have benefited from a change of surroundings.

The installation of television has also widened the horizons of those who cannot afford normal social activities such as the cinema or spectator sports. Some who are homebound are assisted by the Wireless for the Bedridden Society but would represent only a small number compared to those for whom the Care Committee has accepted responsibility.

SOCIAL WORK AT ST. GEORGE HEALTH CENTRE 1968

The Social worker was in attendance at the Centre for one full day per week during the months January to August 1968.

She split her day, spending mornings at the Health Centre and tried to work to an appointment system leaving time for telephone calls and consultations with the eight general practitioners after their morning surgeries. It was found that the general practitioners preferred to discuss their patients with the social worker rather than read detailed social reports submitted by her. The afternoons were mainly devoted to home visiting and the social worker returned late in the afternoon for purposes of recording and to deal with other paper work. Whilst it was found that this arrangement worked well, the social worker was prepared to make herself available and re-organise the pattern of her day whenever needed. During the year clients began asking for opportunities to see her in the evenings on their way home from work, or when the family could be seen as a whole. The social worker remained at the Health Centre about once every six weeks until 7.30 p.m.

Referrals mainly came from the general practitioners direct or from the Sister-in-Charge at the Health Centre. Also Health Visitors working from the Centre began to make more use of the social worker. As patients themselves became more aware of a social worker being at the Health Centre, there was a very noticeable increase in self-referrals. The social worker again found herself working as a social diagnostician, helping with clarification of problems and advice and needing to re-refer to suitable agencies for more specialised help. She undertook long term case-work more often than not with families of patients with chronic illnesses—especially at times of recurrent crisis which tended to occur with the progression of the patient's illness.

Other problems dealt with were:—

- (1) Family and marital problems.
- (2) Unsuitable employment difficulties with
 - (a) teenagers,
 - (b) middle-aged women wanting to return to part-time work as their families were no longer so dependent on them.
- (3) Chronic illnesses and terminal illnesses. Families of patients with terminal illnesses usually needing a great deal of support and also help at the time of bereavement.
- (4) Patients with psychosomatic illnesses or those expressing concern over their own physical and mental well being.

In the previous year's report mention was made of plans for a research project to measure the need for a casework service based on a Health Centre. Unfortunately, although much of the ground work for the project was undertaken, it was not possible to embark upon this because of the absence through illness of the social worker from September onwards. Clients were made aware of this and arrangements were made for the service to be continued by the Senior Medical Social Worker at the Central Health Clinic. As soon as it is practicable to do so a start will be made on the research project.

MEDICAL SOCIAL WORK IN A SPECIAL TREATMENT CLINIC

Mrs. J. Merchant
(Social Worker)

During the year attempts were made both to consolidate the work of the previous year and to keep informed of new facets of the ever changing scene.

Inevitably a disproportionate amount of the work is created by people who are itinerant or socially unstable, because they are difficult to trace and to hold for completion of treatment and because they have many and often complex problems. However, patients attending this clinic are drawn from all walks of life, there is a wide variation in age, education, social background and colour of skin. Due to emotive factors, and frequently to ignorance, most are alike in their unresolved fears concerning the manner in which they will be received and in the medical and social implications of a positive diagnosis. It is an act of courage for many merely to enter the door. In this context it is an indication of successful team work on the part of the whole staff that so many patients come to this clinic when they have other problems and even on friendly visits, sometimes bringing in parent, consort or friend.

The change in the law affecting male homosexuals makes it easier for many men to discuss their problems, they state that it is a great relief to be able to do so. More of these men are prepared to approach contacts, although of course the casual and anonymous nature of many incidents often renders identification impossible. A disturbing feature is that it is clear that a number of men persist in refusing to admit association with males under 21 years of age. This is understandable, but in view of the rise in the incidence of early syphilis amongst male homosexuals, there is no room for complacency. Time will have to be found for a concentrated effort to trace these young men.

The groups of Beatniks who were very much to the fore last year have disintegrated. A few of the young people have settled in the City and are leading more or less normal lives, others are in prison or in hospitals and some have left the area, may be to return home or to settle elsewhere, or may be they are submerged—we do not know. There are new groups of younger people in this category around the city, these have not been very much involved with this Clinic.

Contributions to the field work included talks to, and discussions with, medical students, health visitors in training, student nurses, the staff of an Approved School and members of a Youth Club. Co-operation was given to a B.B.C. research worker and to two journalists who wanted background material for programmes and articles.

In the coming year support will be given to a proposed new programme designed to create more public awareness of the dangers of venereal disease and to make more factual information available.

WELFARE SERVICES

R. C. Travill, LL.B., D.P.A.
(Principal Welfare Services Officer)

The year 1968 with the establishment of the Social Services Committee brought the functions of the former Welfare Services Committee within the wider orbit of Health and Social Services. The principal such functions are mentioned below :—

(a) Residential Accommodation

The provision of residential accommodation for persons in need of care and attention continues to be a major part of the Committee's activities.

Homes provided by the Committee as at 31st December 1968 are as follows :—

100 Fishponds Road	125 beds
"Meadowsweet" (Fishponds) ...	194 "
119 Pembroke Road (Clifton) ...	20 "
5 All Saints Road (Clifton) ...	17 "
9 Priory Road (Clifton) ...	20 "
"Rossholme" (Redland Road) ...	22 "
"St. Peter's" (Bishopthorpe Road) ...	45 "
"Gleeson House" (Fishponds) ...	45 "
"Hollybrook" (Hartcliffe) ...	54 "
"Hazelbrook", (Henbury) ...	52 "
"Rushlands" (Lawrence Weston) ...	54 "
"Broomhill" (Brislington) ...	53 "
"Elm Hays" (Highridge) ...	59 "
"Woodcroft" (Inns Court) ...	60 "
"Bow Mead" (Stockwood) ...	56 "
	<hr/>
	876 "

During 1968 261 persons were admitted to the Committee's Homes but at 31st December 1968 the waiting list still contained the names of 245 persons.

In addition to the residents now living in the Committee's Homes 150 aged or disabled persons in Homes provided by voluntary bodies or other local authorities were the financial responsibility of the Committee at 31st December 1968.

All residents contribute according to their means, the basis of assessment being laid down nationally. The full standard charge per resident is now £13 4s. 7d. per week and the minimum payment is £3 12s. 0d. per week. Residents must also have not less than 18/- per week to meet personal expenses.

Approximately 25% of the residents pay more than the minimum charge.

Persons now being admitted to Homes are more elderly and, generally speaking, more infirm than was the case a few years ago. This heavier burden of infirmity has had an impact on staffing and has also demonstrated that some older accommodation, particularly where no lifts are available, is now less suitable.

In 1962 the Minister of Health asked local Health and Welfare Authorities to prepare ten year plans for their services. These plans have been subject to subsequent revision.

The aim of this forward planning is to bring about the right degree of balance between the different services, it being realised that under-provision of any one service could well result in other services having to expand beyond a reasonable level. A steady increase in total accommodation is planned. The Committee agree with the views of the Minister of Health that former poor law institutions should be replaced by modern Homes and the accommodation at the large Home (100 Fishponds Road) has been gradually reduced from approximately 500 beds in 1966 to the present 125 beds. Complete closure by the end of 1970 is anticipated. The plan is based on dispersal throughout the City so that, in so far as sites are available, ultimately there will be a Home in each district of the City so enabling elderly people who have to seek care and attention in residential Homes an opportunity to do so in the district which they know and in which their local contacts may be maintained.

During 1968 the Homes at Brislington, Inns Court and Stockwood came into use and Homes at Bedminster (56 beds) and St. George (59 beds) should be occupied during 1969. Further

Homes at Southmead and Barton Hill are due to be commenced in 1969 but restrictions on capital expenditure have delayed progress under the ten year plan.

It will no doubt be appreciated that there is still no satisfactory way of accurately measuring future demand for residential care. It is already clear that with the opening of new Homes the attraction of improved standards results in an increasing number of enquiries for admission. Additionally, success in dealing with illnesses and diseases of old age produces an increased demand for residential care for those persons who no longer need to stay in hospital but are not able to return home, particularly to live on their own. Furthermore we are faced with an ageing population and more of these elderly people are likely to be without a family and to be living alone. These facts together with changing social conditions, may produce a demand for residential care in excess of present forecasts, though Sheltered Housing for the elderly will it is expected play an increasing part in meeting needs of elderly persons.

It is therefore of the utmost importance that residential care shall not be seen as the only method of assisting elderly people and the Committee take the view that whilst they must work steadily towards the position where they can receive into their homes all those people who need to be admitted, considerable thought must also be given to other means of enabling elderly people to continue to live within the community. It is their intention, within whatever resources are available to give maximum attention to the build-up of domiciliary services aimed at maintaining independence in the elderly. These two facets are not to be seen as alternatives but as being complementary to each other.

(b) Temporary Accommodation

The Committee have to provide temporary accommodation for persons who are homeless in unforeseen circumstances, or such other circumstances as may be decided, and it is in the discharge of this function that they are concerned with the problem of homeless families. A part of the accommodation at 100 Fishponds Road is used for this purpose where it is possible to accommodate mothers and children but accommodation is not available for husbands.

During the past year plans have been prepared for replacement Temporary Accommodation facilities which should become available during 1969 at Mina Road. Six self-contained units in which husbands can be accommodated and families will care for themselves are to be provided. The Committee are aware of the preventive work being done by Children's and Housing Committees to encourage families to avoid eviction and that tenants evicted from accommodation managed by the Housing Committee would have had every opportunity of avoiding this. Therefore, they do not normally admit to temporary accommodation families evicted by the Housing Committee.

Families who are admitted now tend to be rather short-stay cases and the need for admission has often arisen because of serious domestic problems which sometimes resolve themselves.

Forty-four families were received into Temporary Accommodation during 1968.

Temporary Accommodation also needs to be provided in the event of civil disaster such as fire or flood, rendering persons homeless. For this purpose certain premises in the City have been earmarked. The flooding in July 1968 caused this emergency scheme to be operated and considerable rehabilitative work was undertaken by welfare staff.

(c) Services for the Physically Handicapped

1. Blind and partially sighted persons

Home Teachers for the blind are directly employed by the Committee and offer such services as the teaching of Braille, Moon and Handicrafts, club facilities, organisation of holidays, arrangements for talking books, special literature and aids to independence. Examinations for the registration of blind and partially sighted are arranged and these are carried out either at the Eye Hospital or in Consultants Rooms. During 1968 :—

- 202 persons were seen in this way, of whom
- 151 were registered blind
- 28 as partially sighted
- 16 were found not to be registerable
- 3 remained on the partially sighted register
- 3 remained on the blind register
- blind persons were decertified
- 1 partially sighted person was decertified
- persons did not desire to be registered

Bus passes for use on the city services are available to registered blind persons able to make use of this facility.

Particular attention is paid to the deaf blind and carefully selected persons are engaged on a sessional basis to visit these and take them out for the dual handicap of blindness and deafness presents particular problems.

Many blind persons who require residential accommodation prefer to receive this care in normal Homes for the elderly provided by the Committee but the Bristol Royal School and Workshops for the Blind continue to provide two special Homes for blind persons and receive grants from the Committee for this service.

2. Deaf and Hard of Hearing

The Bristol Institute for the Deaf at King Square continues to act as the Committee's agent in providing services for the deaf and hard of hearing. Social work with the deaf is of great importance and the Committee now have three social work staff working directly from the Institute in association with the Institute's own staff. At the end of 1968 there were 413 Deaf and 375 Hard of Hearing persons registered in the City.

3. Physically Handicapped Persons

The Committee assist many people who are living in their own homes by the provision of aids, hand rails, ramps and other items of adaptation which is an important contribution to individual independence to those with restricted mobility.

Perhaps the most noteworthy of the Committee's activities in this service is the Pastime Centre, Lockleaze. This is primarily for recreational purposes for the severely handicapped though handicrafts and social activities are organised. Approximately 150 persons attend daily for varying numbers of days per week. Practically all are conveyed in special vehicles which incorporate hydraulic platforms so that persons in wheel chairs and others who cannot negotiate steps can be transported. Each vehicle is accompanied by an escort from the Centre staff. Collections commence soon after 8 a.m. and persons are returned to their own homes between 4 p.m. and 6.30 p.m. Facilities in the Centre comprise, handicraft rooms, including carpentry and pottery, hairdressing, bathing, launderette, demonstration kitchen, together with a dining room and lounge. All persons attending the Centre are provided with a cooked meal and either a morning or afternoon cup of tea according to time of arrival and departure. The charge is 1/9d per day for meals. There are also charges for the hairdressing and launderette facilities.

Car badges are issued through the department for severely disabled drivers and although these do not afford any legal rights they do serve as a ready means of identification so that police, traffic wardens and other road users can give special assistance. In addition, in Bristol, holders of such badges are exempt from charges for parking. Badges are renewed every two years and at the end of 1968 there were 385 badges in issue.

Transport and other assistance is afforded to a number of Voluntary Organisations working in the field of the handicapped.

(d) Sheltered Employment

1. Blind and Partially sighted Persons

The Committee continue to have an agency arrangement with the Bristol Royal School and Workshops for the Blind for the provision of sheltered workshop employment for blind men and women unable to work in open industry. The Workshops Committee are endeavouring to provide new forms of work in addition to the traditional trades (e.g. of mat and basket making) and during 1968 introduced a shrink wrapping section to this end and in supplementation of the light engineering section which has been successfully operated for some years. At present 47 men and nine women are employed in these workshops on behalf of the Committee and in addition four men are included in the Home Workers Scheme which is also administered by the Voluntary Body.

2. Physically Handicapped

The Committee have provided for the Bristol Council for Disabled Adults a Work Centre for about 30 physically handicapped persons. This Work Centre is in the grounds of the Pastime Centre at Lockleaze and was opened in 1968. The Committee also assist by grant the Home Workers Scheme of this Voluntary Organisation and the Spastics Association Work Centre at Dovercourt Road.

(e) Domiciliary Services for Elderly Persons

1. Meals Service

From small beginnings under Voluntary Organisations this service has grown and now plays a very large part in assisting elderly people to remain in their own homes. Although Voluntary

Organisations i.e. Bristol Old People's Welfare (Incorp) and W.R.V.S. continue to assist, the greater part of the service is now undertaken by employees of the Department. The Committee's own kitchen at Bedminster opened in 1967 was supplemented in 1968 by a sharing arrangement at the kitchen of the Avonmouth Sewage Works. Both of these kitchens use the Top Tray Frozen Foods type of meal which has proved most popular. At the present time however some meals of the traditional type are still obtained from industrial canteens although it is hoped that this dual standard will be eliminated when an additional kitchen is provided at Barton Hill, probably in 1970. The charge made to recipients is 1/9d per meal. During 1968 a total of 281,470 meals were distributed and at the 31st December 1968, 1,389 persons were in receipt of meals. Meals are available on five days per week though some persons do not require them every day. A Luncheon Club provided at the University Settlement, Barton Hill, is assisted financially by grant from the Committee.

2. Clubs for Elderly People

The Committee has continued to work in close collaboration with The Bristol Association for Elderly People in the provision of full time clubs for the elderly. At the end of 1968 there were 16 such clubs with another under construction at Stockwood. These buildings provide excellent opportunities for elderly persons to be socially active at little cost. Day-to-day running of the clubs is in the hands of members through their own officers and committees. Officers of the department however have to play an extensive part in the affairs of the Association. Clubs are open daily from about 2 p.m.—9.30 p.m. and are situated at:—

Collins Street, Avonmouth
112 Avonvale Road, Barton Hill
Princes Place, Gloucester Road, Bishopston
Wick Road, Brislington
Myrtle Street, Bedminster
100 Fishponds Road, Eastville
Beechwood Road, Fishponds
Machin Road, Henbury
Redcatch Road, Knowle
Romney Avenue, Lockleaze
Burlington Road, Redland
Summerhill Road, St. George
Recreation Ground, Sea Mills
Greystoke Avenue, Southmead
The Tithe Barn, High Street, Shirehampton
Broadoaks Road, Withywood

The Bishopston Club was re-opened in new premises in 1968 and the St. George Club is a new project opened during that year.

3. Visiting of lonely elderly people

During 1968 the Committee continued to support the Liaison Officer Service for Voluntary Visiting by a grant to Bristol Old Peoples Welfare (Incorp).

This service is felt to play a most important role by utilising volunteers and during 1969 this is to be brought directly within the Committee's functions.

(f) Other Services

1. Registration of private and voluntary Homes for elderly or Disabled Persons

In accordance with Section 37 of the National Assistance Act 1948 a person providing residential accommodation for elderly or disabled people whether for profit or otherwise must obtain a certificate of registration from the Committee. This provision ensures some safeguards for elderly people making arrangements with private Homes as certain standards in the interest of elderly persons need to be complied with before registration. At the end of 1968 there were 27 such Homes registered in Bristol with a total beddage of 580.

2. Burials/Cremations

The Committee are responsible for arranging for the burial or cremation of any persons dying in the city where it appears that no other arrangements are being made. 45 burials and five cremations were undertaken last year.

3. Care of Movable Property

The Committee must when so requested provide safe custody for the movable property of a person admitted to hospital or home for elderly people where no other arrangements are possible. Although the number of such cases is relatively small the time involved is fairly substantial. In

some few instances furniture is moved to store but generally speaking the property is secured and regularly inspected.

4. *Sheltered Housing*

Co-operation with the Housing Committee in this service has continued. Wardens have been appointed at 15 groups of elderly persons dwellings provided by that Committee. The warden is a background support service to the elderly who are all tenants of their own home and although the Committee are providing emergency call facilities for linking wardens with the dwellings, wardens of these dwellings are in no way intended as providing the full care which obtains in a residential Home. Selection of tenants is a joint exercise with the Housing Department and it is felt that these supportive services enable many elderly people to continue to live independently in the community as the majority wish. In addition the Committee make grants to various Housing Associations who provide similar accommodation for the elderly.

5. *Female Reception Centre*

During 1968 the Committee continued to maintain on behalf of the Ministry of Health & Social Security a small Reception Centre for females at 100 Fishponds Road where short term accommodation is provided for female wayfarers. The Centre is not used to any great extent.

BRISTOL CORPORATION OCCUPATIONAL HEALTH SERVICE

J. F. Skone

INTRODUCTION

Dr. J. W. Markham emigrated to Canada on 1st June 1968, reapplied for the post of Senior Medical Officer (Occupational Health), was re-appointed in March 1969, and will resume duties in August 1969. During his absence I have acted as Senior Medical Officer and this report covers the period 1st April 1968—30th June 1969.

The establishment of the Section consists of a Senior Medical Officer, the equivalent of one full-time departmental medical officer, a social worker, and a secretary, with professional technical and clerical help from this and other departments of the Corporation.

It has been possible to keep routine work up-to-date and to extend the service.

Of special interest have been enquiries into possible occupational health hazards including risks of cancer of the skin associated with the use of mineral oils, and the ventilation of accommodation in the City Art Gallery and the West of Engand College of Art, where toxic substances are used.

1. Medical Examinations

Between 1st April 1968 and 30th June 1969 in addition to 4,018 routine medical examinations, 138 persons with difficult health problems from the following deparments were seen by staff of the Occupational Health Service.

Baths	2	Health and Social Services—	
City Architects	2	General	27
City Engineers	17	Ambulance	9
City Museum	4	Social Services	7
City Police	2	Housing	9
City Treasury	3	Libraries	1
City Valuers	2	Port	8
Education—non-Teachers	16	Town Clerks	4
—Teachers	7	Transport and Cleansing	14
Fire Brigade	1	Weights and Measures	1
		Bristol Waterworks Co.	2

90 were referred from an official source
43 by self or union
4 by their own general practitioner
1 the source was not stated.

The outcome of the referral was as follows :—

	<i>Personal Advice only</i>	<i>Help needed and received</i>	<i>Retired on Health Grounds</i>	<i>New Job Found in Organisation</i>	<i>New Job —other</i>	<i>Not Yet Known</i>
Baths	1	—	—	1	—	—
City Architects	—	2	—	—	—	—
City Engineers	6	4	6	—	—	1
City Museum	3	—	1	—	—	—
City Police	—	2	—	—	—	—
City Treasury	1	2	—	—	—	—
City Valuers	1	1	—	—	—	—
Education—non-Teachers	9	4	3	—	—	—
—Teachers	4	3	—	—	—	—
Fire Brigade	—	1	—	—	—	—
Health and Social Services—						
General	11	12	4	—	—	—
Ambulance	3	3	1	2	—	—
Social Services	4	2	1	—	—	—
Housing	4	3	1	1	—	—
Libraries	1	—	—	—	—	—
Port	3	2	2	—	1	—
Town Clerks	2	—	2	—	—	—
Transport and Cleansing	6	4	3	1	—	—
Weights and Measures	—	1	—	—	—	—
Bristol Waterworks Co.	—	—	—	2	—	—

A questionnaire was devised and used in suitable circumstances.

2. Screening Examinations

(a) Mammography

Of 720 female Bristol Corporation workers who submitted to mammography 37 showed radiological abnormality sufficient to justify further investigation.

One early scirrhous carcinoma was found (1·39/1,000). It is unlikely that this would have been found if mammography had not been done. In addition 11 biopsies were done and in five cases non malignant lesions were found and removed.

(b) Cervical Cytology

During the period April—June 1969 special sessions were arranged for Corporation employees and the statistics are summarised in the following :—

<i>Age Groups</i>			
Under 25	...	...	—
25–34	...	...	81
35–44	...	...	114
45–54	...	...	159
55–64	...	...	55
65 and over	...	...	—
Total Attendances	...	...	409
<i>Status</i>			
Married	...	...	359
Single	...	...	50
<i>Parity</i>			
0	...	...	95
1	...	...	65
2	...	...	136
3	...	...	65
4	...	...	31
5	...	...	7
6 or more	...	...	10

Special Reports

(i) Home Help—a married woman, aged 52 with four children—smear showed malignant cells present—Referred to Gynaecologist for operative treatment.

(ii) Home Help—aged 34—married with three children. Report—some over active but degenerative cells. A repeat smear advised in one year's time.

(c) Older new entrants

Half of new Corporation employees aged 40 years and over are being offered extended medical examinations to include in women, mammography and cervical cytology, and in men, blood cholesterol estimations and electrocardiogram. Results will be evaluated in a long term study.

3. First Aid Training

By 9th July 1969, 964 members of Corporation staff received instruction in artificial respiration and the elements of first aid. Six first aid courses were arranged between June 1968 and August 1969 and of 109 employees who took the St. John's or British Red Cross examinations 103 passed.

It was agreed that in ordinary circumstances mouth-to-mouth artificial respiration with, if necessary, external cardiac massage was the most effective method and that resuscitation apparatus should be used only by staff of the emergency services (Ambulance, Fire and Police) or in exceptional circumstances (irrespirable atmospheres in sewers etc.).

4. Sickness records

At 31st March 1968 there were 20,258 Corporation employees with a total salary and wage bill in 1967/1968 of £20,370,992.

It is believed that there is an annual turnover of between 15 per cent and 20 per cent. The City Treasurer has kindly analysed readily ascertainable sick pay expenditure among paid employees as follows :—

	<i>A</i> <i>Sick Pay</i> £	<i>B</i> <i>Total Wages</i> £	<i>1967–1968</i> <i>% of</i> <i>A to B</i>	<i>Average</i> <i>No. of</i> <i>Employees</i>
City Engineers	23,022	1,067,253	2·16	1,210
Transport and Cleansing	20,206	764,681	2·64	790
Housing Maintenance	16,020	670,400	2·39	580

	<i>A</i> <i>Sick Pay</i> £	<i>B</i> <i>Total Wages</i> £	1968-1969 % of <i>A to B</i>	<i>Average</i> <i>No. of</i> <i>Employees</i>
City Engineers	21,882	1,113,614	1.96	1,090
Transport and Cleansing	20,608	789,361	2.61	785
Housing Maintenance	15,550	689,000	2.26	550

In the Department of Health and Social Services information concerning employees absent through sickness is sent each week to the Senior Medical Officer (Occupational Health). With a limited amount of additional clerical help it would be possible to analyse these further to disclose the identity of employees who have been away four weeks or longer, or a total of four weeks in the leave year, or seven times or more during the leave year. Further enquiries might well show that these people would benefit from assistance by the staff of the Occupational Health Service. A useful arrangement has been established with the Transport and Cleansing Department in which similar but more detailed information is sent each month.

5. Quota of registered disabled persons

In recent years there has been a steady increase in the deficit of the quota of registered disabled persons employed by the Corporation :—

	<i>Below Quota</i>
1.5.65 ...	26
1.1.66 ...	29½
1.7.66 ...	41
1.1.67 ...	50
1.7.67 ...	61
1.1.68 ...	74½
1.7.68 ...	94
1.1.69 ...	112½

A special effort was made to encourage eligible people to register and between April and June 1969, nine more people were registered; six from the Department of Health and Social Services, one from the Town Clerk's Department, one from the Housing Department, and one from the Port of Bristol Authority.

On 1st July 1969 the deficit was reduced to 102½. The Education Department, where medical standards are high, was 138½ persons below its quota, and the Chief Education Officer is co-operating closely to ensure that all eligible persons are encouraged to register.

6. Respiratory Disorders : Morbidity survey among employees of City Engineer's and Transport and Cleansing Departments

Available information (See Annual Report 1967) suggests that respiratory disorders are more common among those employees retiring early from the Transport and Cleansing Department than those who retire prematurely from the City Engineer's Department. In order to investigate this more fully, a survey was carried out in the late summer of 1967. In this survey, 167 refuse collectors and 97 sewermen were examined. Each was weighed, measured and submitted to spirometry. In addition, M.R.C. respiratory questionnaires (1966) were completed.

The results of the spirometric tests are shown in Table

COMPARISON OF VITAL CAPACITY AND F.E.V.%

	<i>Transport and</i> <i>Cleansing</i> <i>Department</i>	<i>City</i> <i>Engineer's</i> <i>Department</i>
Number of employees examined ...	167	97
Mean age (years)	38.7	43.1
Mean height (in.)	68.9	67.8
Mean F.V.C. (Litres)	4.73	4.40
Mean F.E.V.%	78	78

There is no statistically significant difference between the forced vital capacities (FVC) of the two groups: neither does there appear to be any difference in the degree of obstruction to expiration as measured by the FEV% (forced expired volume in one second compared with FVC).

A number of factors are known to influence both FVC and FEV%. Among these are age and height. Matching for these factors still fails to show any significant difference in FVC or FEV%.

Analysis of the answers to the M.R.C. questionnaires once again fails to reveal any statistically significant difference between the respiratory symptoms of the two crude groups. However, the groups are heterogeneous in that they include employees who are of short service in their present occupation. Further analysis is being carried out on the data that relates to long-service men only.

7. Occupational Health Service for employees of Bristol Waterworks Company

As from 1st April 1969 the Corporation assumed responsibility for this service which will include routine and special medical examinations with particular reference to environmental health hazards and possibly first aid instruction.

8. Results of blood tests on Sewermen

64 selected sera were subjected to agglutination tests using the Leptospiral suspensions representing the more common sero groups, i.e.

- L. icterohaemorrhagiae
(copenhageni)
- L. javanica
- L. canicola
- L. ballum
- L. autumnalis
- L. australis
- L. hebdomadis
- The strain Patoc 1

Reactions were obtained to a wide spectrum of antigens in some men but not to a 'significant' level in any. Significance in this connection is arbitrary and it may be that trace reactions with suspensions of leptospira known to exist in the community represent past and contact infections.

Sera from new entrants can now be screened by the very much easier complement fixation test. It is suggested that this test should be applied to new employees and the test repeated at intervals over the years and the information so accumulated analysed.

ENVIRONMENTAL HEALTH SERVICES

G. J. Creech, M.B.E., C.St.J., F.R.S.H., M.A.P.H.I.

(Chief Public Health Inspector)

REPORT TO THE MEDICAL OFFICER OF HEALTH AND SOCIAL SERVICES

I have pleasure in submitting my fifth Annual Report upon the work of the Environmental Services Division—that for 1968.

I drew attention in my last report to the steady but significant increase and expansion in our work over the previous four years. I can again report a further increase so that the record number of visits achieved in 1967—116,851 has been passed by some 35,522, giving a new record for 1968 of 152,373 visits for all purposes.

We continue to find that the introduction of technical assistants has been an advantage in assisting inspectors with their more routine duties. Our strength of inspectors has been maintained and we are approaching the time when we can hope to be up to full establishment. However, this may well not be the final word on this subject as ever increasing legislation is constantly adding to our duties and responsibilities and a re-appraisal of our staff may be necessary in the fairly near future.

One of the more disappointing aspects of our work in 1968 was in connection with Court proceedings. In no less than 22 cases the summonses were not served and, as this information is usually not available until the case is called in Court, a considerable amount of time is wasted by the inspectors and witnesses who have to attend. There is also the frustration felt by the staff who may have spent many hours of difficult work preparing the case.

On the other hand, of the cases reaching Court we were successful on 100 counts (some cases involving several charges) and a total of £1,192 9s. 0d. in fines and costs was imposed.

Towards the end of the year we were discovering the presence of colonies of mice resistant to anti-coagulant poisons and this will pose a problem for the coming year.

Another problem for the future was created when it was decided that this Division should become responsible for the control of feral pigeons—some 100,000 of which, it is estimated, infest this city and cause considerable damage both to food stuffs and to buildings.

GENERAL ENVIRONMENTAL HEALTH WORK

SUBMISSION OF PLANS

706 plans were forwarded by the City Engineer and Planning Officer and were examined by the district inspectors and specialist officers in relation to their particular spheres. This ensures that the various aspects of environmental health are covered in relation to proposed works and any omission or contravention can be rectified before work is commenced.

WATER SUPPLY

The water supply of the City, which is within the area supplied by the Bristol Waterworks Company, has been found completely satisfactory in both quality and quantity.

No instance of contamination has been found this year but should any trace of faecal contamination be found in supply the matter is taken up with the company and frequent repeat samples are obtained until satisfactory results are achieved.

The whole of the City's population is supplied by water mains direct to houses. There are no standpipes in use. The fluoride content of the water supplied within the Bristol area varies with the company's sources of supply and remains the same as last year:—

Barrow	0.04–0.20 p.p.m.
Chelvey	0.05–0.12 p.p.m.
Stowey	0.08–0.38 p.p.m.
Littleton	0.05–0.15 p.p.m.

SEWERAGE AND SEWAGE DISPOSAL

The arrangements for sewerage and sewage disposal in the District are satisfactory and, apart from such disastrous occurrences as the floods of July, adequate. Work progresses on the trunk sewer system designed to intercept the discharge of sewage into the River Avon. Construction continued on the Ashton Avenue pumping station to serve south Bristol and the Avonmouth sewage works continues to treat the sewage from about half of the population in addition to the sewage from the adjacent urban and rural districts of Mangotsfield, Sodbury and part of Thornbury. The number of premises within the City not drained to sewers remains at the figure for 1967 i.e. 330.

HOSTELS (Common Lodging Houses)

The hostels run by the Salvation Army (2) and the Church Army have been found satisfactory.

THE PET ANIMALS ACT, 1951

All pet shops in the City have been inspected by the Corporation's Veterinary Officer and the Deputy Chief Public Health Inspector and subsequently by district inspectors for routine purposes; a total of 165 inspections have been made of 22 licensed premises.

THE ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

Three licences have been renewed after inspection by the Veterinary Officer.

THE RIDING ESTABLISHMENTS ACT, 1964

There are two riding establishments in the City and both were inspected by the Veterinary Officer.

FLOODING

No account of the activities of the Environmental Services Division, for 1968 would be complete without reference to the disastrous flooding incident which began on the night of July 10th and which left a trail of damage, filth and contamination in many parts of the City, particularly the southern half. As a result of experience in previous floods, it was an easy matter for the emergency service provided by the City Engineer and Planning Officer and other Corporation departments, to be put on an active footing and, as part of these services, four senior public health inspectors were called out during the night of the 10th and were able to assess the extent of the areas affected and to consider the particular environmental health hazards which were likely to be involved.

The flooding turned out to be the worst in living memory in Bristol and a vast effort was made by all concerned to bring some comfort and relief to those affected. By 8.30 the following morning, the staff of the Environmental Services Division were briefed by those who had been on duty throughout the night and it was possible to give immediate attention to the many problems which presented themselves, although the major portion of our work did not begin until after the floods had receded. At this time, it became apparent that food control, disinfection of properties and the drying of premises, carpets and bedding would form our major contribution together with the general co-operation with all colleagues from other departments. In order to cope with the increased number of enquiries and appeals for assistance, all routine work was stopped and the office at St. Clement's House was kept open for two weekends and every evening to coincide with the opening hours of the temporary enquiry stations which were set up. A total of 190 tons of meat and other foodstuffs were voluntarily surrendered to the inspectors but this represented only a portion of the total food spoilt as many large stores, in agreement with their insurance companies, immediately "wrote off" badly damaged goods and transported them immediately to the disposal tip. A good deal of time was taken up with the problem of consignments of flood damaged wines and spirits, much of which was of considerable value, and the co-operation of the brewery companies and wholesale merchants resulted in a satisfactory conclusion.

The inspection of flood damaged refrigerators, both domestic and commercial, and the bacteriological and chemical examination of water and foodstuffs proceeded smoothly due to the help and co-operation between the Department and the Public Health Laboratory Service and the City Scientific Adviser.

The excellent work of the staff of the disinfecting station and also the Rodent Control operators at Feeder Road is reflected in the results obtained:—

<i>Disinfection of Premises</i>	<i>Number</i>
Private	907
Commercial	35

The drying equipment installed at the Disinfecting Station some while ago was used to the full during the course of some three weeks and well over 800 carpets and other articles were collected, labelled, dried and returned to their owners. The efforts of the Environmental Services Division during these weeks were, of course, only a small part of the work organised by the Flood Relief Committee, and whilst other larger departments were more heavily committed, the enthusiasm and willingness of the staff of the Division was splendid, particularly as the houses of some of them were involved and badly affected by flood water.

NOISE

The increasing public awareness of noise and the unwillingness or inability of people to tolerate the relatively high sound levels to which we are subjected in our daily lives is reflected in the amount of work on this subject carried out in the Division. During the year, 186 complaints of noise were investigated involving 1,919 visits by public health inspectors. Both these figures represent an increase on those of last year.

Two courses on practical noise control were held at the Bristol Technical College during January and July and a total of eight public health inspectors from the Division attended. This proved a useful introduction to the subject and it is hoped that similar courses will be repeated in the future in order that more inspectors may be trained in the techniques of the evaluation and control of noise nuisances. Arrangements have also been made for another senior member of the staff to attend the residential course on noise at the University of Southampton.

The publicity afforded to the subject of noise by the mass media has accelerated the trend towards a more noise conscious public and this is particularly apparent where industrial and residential developments meet. It is appreciated that noise, like most public health problems, is intensified where the once relatively small factory, abutting residential property, has expanded and grown into a large industrial undertaking operating 24 hours a day every day of the year. Although many residents have grown up with the noise, the scale of development is often such that a point is reached when the level of noise can be tolerated no longer.

Such is the case in the St. Anne's area of the City where, for some years, the Division has received complaints from residents of the noise emission of a large industrial complex. By the very size of the factory, the nature of the processes carried out therein and the close proximity of dwellings, it is inevitable that some degree of noise and inconvenience will be experienced by residents in spite of attenuation measures taken.

Matters were brought to a head in 1965 after complaints from residents in the area had been investigated. The general noise problem was discussed with the Company's senior management and as a result, certain palliative measures were taken immediately. The complexity of the noise emission was such that it was obvious from the start that extensive suppression measures would have to be undertaken and it was suggested therefore that the Company should call in acoustics consultants. As a result the Institute of Sound and Vibration Research of the University of Southampton carried out an extensive survey of the area and a thorough investigation of the noise problem. The report on their investigations confirmed that a nuisance was being experienced in certain areas and it was recommended that extensive attenuation measures be undertaken. This involved the expenditure of a large sum of money and the work was therefore phased over a three year period. The photograph shows the acoustic double glazing of all window openings in the side elevation of one of the mills which was one of the primary sources of noise. The Department's action in securing the Company's co-operation instead of taking formal action through the Courts, has been amply justified as it is felt that the improvements are greater than those which would have been achieved by taking the latter course.

The success of this exercise has been somewhat clouded by the installation of a new process on the site which has produced a formidable noise problem in an area which was hitherto unaffected by the noise emission from the general factory premises. When the installation of this inherently noisy process was first mooted, the officers dealing with this case were perturbed, to say the least, and although the Planning Officer was informed of their observations, an existing use and the apparent inability to attach effective conditions to the planning consent, allowed both the process and the building which housed it to be constructed without incorporating effective sound insulation. It is fair to say, however, that provision was made in the design of the structure for this to be added at a later date if it proved necessary. The plant has now commenced operation and the subsequent noise emission has resulted in a repeat performance regarding the investigation of complaints and the adoption of noise control measures. The University of Southampton have again been consulted and their recommendations are now being implemented stage by stage. The work is in the early stages and its effectiveness will have to be assessed when it has been completed.

Whilst industrial noise in the area will not and cannot be eliminated, the Department is hopeful that effective noise control will be exercised and from the point of view of the Noise Abatement Act "the best practical means" will be taken on methods of noise attenuation. Costs of noise suppression measures undertaken by the company are estimated to be in excess of £40,000 and when one stops to consider the legal alternative and what is actually achieved by such action, the end results so far obtained are such that the Department can be well satisfied.

HEALTH EDUCATION AND TECHNICAL TRAINING

A list of lectures and demonstrations provided by the Environmental Services Division is appended and I thank all those specialist, area and district inspectors who have been involved and who have so willingly responded. It is not generally appreciated how much time is devoted by the staff to the training and instruction of students of many kinds who ask and receive the benefit of personal contact with the "men in the field". I feel too, that this is a form of public relations exercise which benefits both the public and the Department. 10 post graduate (D.P.H.) doctors, 10 midwives (refresher course), 18 student health visitors and 6 student nurses all spent one day on district work. Also, a doctor from the Danish Ministry of Health spent two days and an Austrian doctor four days with us. A Housing Department final year student was with us for one week and two students from Nottingham University, reading Social Sciences spent two days each with district inspectors. In addition to the above there have been many other trainees and students who have spent varying lengths of time with the Division.

TRAINEE PUBLIC HEALTH INSPECTORS

Ten trainee inspectors were in training at the beginning of the year. One of these failed his first year examination and feeling unable to continue the course resigned in August. Three third year trainees passed their final examination and four new students were appointed in September; this brought our total trainee strength to nine at the end of the year. Our thanks are extended to all Corporation departments and commercial undertakings who have assisted with practical training.

FILM SLIDES AND PHOTOGRAPHS

The library has been maintained and extended and many of our photographs and slides have been used for lecture purposes.

LECTURES AND/OR DEMONSTRATIONS

University of Bristol
(Department of Public Health)

(Department of Veterinary Medicine)
(Students' Union)
(Extra Mural Department)
University of Aston in Birmingham
Ministry of Labour
(Labour Administration Course)
Bristol Technical College

Department of Public Health

College of Commerce
North Gloucestershire Technical College
United Bristol Hospitals }
Frenchay General Hospital }
Winford Orthopaedic Hospital }
Stoke Park Hospital }
Purdown Hospital }

Diploma in Public Health
 Health Visitors' Certificate Course
 Clinical (medical) Course
 Veterinary Public Health Course
 Student Animal Welfare Society
 Public Health Inspectors Refresher Course
 Public Health Inspectors Hons. Degree Course

Overseas Labour Officers
 Diploma Course for Public Health Inspectors
 Domestic Science Students
 Catering Students
 Air Pollution Control Course
 Clinic assistants
 Student District Nurses
 Student Midwives
 Social and Welfare Workers
 Health Visitors' Training Course

Student Nurses

Catering and Nursing Staffs
 (Food Hygiene)

The following schools were visited :—

Colston's Girls' School
Wick Road Senior School
Hannah More School
Speedwell Girls' School
Pen Park Girls' School
Lockleaze Comprehensive School

Talks were also given for :—

Schools Meals Service Supervisors
Senior Scouts, Holy Nativity Knowle
Civil Defence
Shirehampton Community Council
Redland Townswomen's Guild
Westbury-on-Trym Ladies' Circle
Careers Advisory Officers, Ministry of Labour
The Electrical Association for Women
Harrowdene Young Wives
Totterdown Methodist Women's Club
Southmead Youth Centre

Students visiting the division for training for varying periods have come from : Ceylon, Rome, Denmark, Singapore, Bermuda, Fiji, Swaziland, Austria.

HOUSING

If statistics are accepted as an index of the work under the Housing Acts—that is success or failure—then the year 1968 will be remembered for its mediocrity. However, the stories behind the housing of the people in decent homes and the involvement in personal problems cannot be represented statistically, and when dealing with people a maximum of effort by officers working within the framework of the Council's policy often produces minimal results.

Some reward can perhaps be found in the continuing housing redevelopment at Easton, and the commencement of building at St. Paul's. Major projects of this kind represent the united efforts of many departments of the Council starting with the public health inspector.

As far as individual unfit houses and parts of buildings are concerned, the tempo has been maintained at a satisfactory level and the number of houses being repaired and improved continues to make a valuable contribution to the maintenance of the housing stock of the City.

QUARRY STEPS

The Quarry Steps area of Clifton is situated very close to Durdham Downs and has been attracting the attention of the Health, Planning and Housing Departments for a considerable time. Encircled at the present time by shops and the better 'middle' class houses of Clifton, one can imagine in days long past that this was a small self-contained community. It even has a High Street of its own. Yet the conditions within the area at the present time are such as to demand a bold, uncompromising and comprehensive approach.

As the name implies, part of the area has the characteristics of a quarry, there being a difference of some 45 feet between the highest and lowest levels. There are 44 houses, of all shapes and sizes, all built before 1881 but varying widely as respects their form of construction, siting, relationship with one another, internal and external arrangements and condition of repair and amenity. Some 60% of the houses are owner/occupied and are relatively well maintained within the limits imposed by their age, siting and form of construction. There are also a number of business premises unevenly distributed throughout the area and including public houses, a public hall, properties of the warehouse class, workshops and, here and there, blocks of lock-up private garages.

From time to time and going back to 1915, various single houses and groups have been dealt with under the Housing Acts resulting in demolition so that the area presents a depressing miscellany of void and overgrown sites, houses and business premises, the majority in a natural hollow. The normal concept of environment is at variance with the conditions here. The redevelopment of the area will be costly and difficult, but a decision as to the future must be made—soon. Delay will not ease the burden but add to it.

A TEST FOR DEMOCRACY

If one were asked to define democracy in a single word I suppose that word would be “compromise”—that is the process of give and take between people of varying, even directly opposing, views. When applied to the activities of local authorities in the field of housing and the task of deciding the greatest social advantage—which implies that some individuals must suffer for the benefit of the many—there is the added responsibility of creating and moulding public opinion by making all the facts known.

A great deal of weight is given these days to the need for an active public relations policy. On the housing side we find it in slum clearance and redevelopment, in the improvement and repair of houses, and it will certainly play a major part in the environmental improvement of areas affecting not only the inside of houses, but their surroundings.

REPAIR AND IMPROVEMENT OF BASEMENTS

As one would expect in a city of Bristol's size, history and topography, there are some 5,000 houses with basements. There has been a gradual but significant increase in the number of basement rooms and dwellings being repaired, improved or converted, involving substantial outlay. To some extent this reflects a demand for centrally-situated accommodation occasioned by an increasing student, University and hospital personnel population who desire the modern freedom of “living out” away from parental or institutional control.

Much of the work to basements comes to our notice by way of applications for Planning and/or Building Regulation approval and results from a good liaison which exists between the Health and Planning Departments.

Except in the cases where Closing Orders exist, there is little power to compel an owner to make the basement rooms comply with the Underground Room Regulations, but understanding owners see the merit of including in schemes of repairs, improvements or conversion, such additional works as are necessary to satisfy the Underground Room Regulations rather than run the risk of possible statutory action by the local authority at a future time.

Speaking generally of basements, the policy of only dealing with those which are the subject of complaint because of the numbers involved, has been modified, and a small number of streets are being inspected as a routine because one or two cases have come to our notice where quite considerable amounts of money have been spent without the local authority's knowledge and subsequently owners have been very upset to learn that the basements still fail to comply with the Regulations.

A very regrettable development of late years, occasioned by the problems associated with the parking of motor vehicles, has been the increasing adaptation and use of forecourts for parking purposes. Apart from the depressing effect upon the visual amenity of the house and street, it is something of a contradiction to compel an owner to carry out substantial and costly works to provide angles of light, etc. only to find lawns and bushes removed and replaced by concrete and a motor car.

BAD ARRANGEMENT

The Minister of Housing and Local Government in Circular 69/67 made some comments on badly arranged buildings and their inclusion in clearance areas and stressed that in all cases where bad arrangement is used as a reason for action it is important that local authorities be satisfied that the essential precondition of ‘danger or injury to the health of the inhabitants’ is also present.

“Dangerous or injurious to health” means, of course, a medical opinion and decision based not only on consideration of light and ventilation—the latter largely academic anyway—but preferably on provable statistics. It is not easy for a doctor to be happy to do this in a technological age of artificial lighting and mechanical ventilation, when every effort is made to outlaw poverty by tackling its causes, to rid our towns and cities of squalor and maintain a full health service. Greatly improved standards of living, food, clothing, modern facilities in the home, comfort and the use of leisure time, improved conditions at work—all these together make it difficult, almost impossible, to demonstrate that “bad arrangement”, of itself, is dangerous to physical health.

The depressing effect of houses crowding one upon another, the need to resort to artificial lighting over long periods, the absence of space for recreation and the pursuit of hobbies for both children and adults and the absence of space for drying clothes even in this machine age have a greater effect on the mind than on the body. The increasing emphasis today upon environment is yet another factor which justifies the conclusion that the meaning of health, if continued in use in the Housing Acts, must be broadened to include effects upon the mind.

In estimating the degree of change which has taken place, it is interesting to contrast present accepted standards for ventilation and lighting with those considered as minimal even twenty-five years ago when ceiling heights were 8' to 8' 6", space at the rear of houses a minimum of 300 square feet for new buildings, every habitable room required to have a fireplace or other form of secondary or permanent ventilation and with kitchens and staircases adequately lighted and ventilated by natural means.

The comments of the Minister considered in the light of the violent changes which have taken place in housing standards and in the standard of living and the future emphasis on environment, suggest that the time is fast approaching when there will have to be a serious re-thinking on "bad arrangement" and its place in housing legislation. Certainly it is possible to suggest that yet another reference to "health" in the Housing Acts will pass away.

FACILITIES FOR THE STORAGE OF FOOD

There are few subjects which have attracted more attention amongst public health inspectors than 'facilities for the storage of food', and there still remain wide differences of opinion whether this particular facility, by which we mean a ventilated food store, is essential in an age of refrigeration. Be that as it may, the very unsatisfactory state of the law needs to be looked at and clarified.

Section 4, Housing Act, 1957, includes "facilities for the storage of food" as one of the matters which *must be* taken into consideration in deciding whether a house is unfit for human habitation and the explanatory notes on Section 4 included as an appendix to Circular 69/67 issued by the Ministry of Housing and Local Government enlarges on this by saying—"there should be a compartment for the storage of food ventilated to the external air".

Section 4 cannot be interpreted to mean that the mere absence of a food cupboard renders a house unfit and not reasonably suitable for occupation in that condition and it is a matter for conjecture in the absence of a positive standard of fitness whether a local authority would be justified in refusing to accept a schedule of works drawn up to repair an unfit house or to remove a Closing Order if the only deficiency or shortcoming was the absence of a food larder. Yet under Section 43, Housing (Financial Provisions) Act, 1958, a house must be or will be made 'fit in all respects' *having regard to Section 4* before a local authority is empowered to make an advance for purchase or improvement. The house, therefore, *must have* a food larder—ventilated to the external air.

Section 15.(1) Housing Act, 1961, lists facilities for the storage of food as a matter which has to be taken into consideration in deciding whether multi-occupied houses can be considered as 'so far defective as not to be reasonably suitable for occupation'. It would be difficult for anyone to hold that the mere absence of food larders was sufficient to say that, yet, considered with other deficiencies or defects, a ventilated food store can be demanded.

Section 31, Public Health Act, 1961—considered together with Circular 46/61—states that a local authority may reject plans (subject to appeal) for a new house—or a conversion—if the plans do not show suitable and sufficient accommodation for food storage, or sufficient space for the provision of such accommodation, by the occupier. It is suggested that the provision, or space for the provision, of a refrigerator with additional storage for dry goods meets with this requirement. What has to be remembered is that food storage is not mandatory for *new houses or conversions*. Neither is the power contained in Section 32, Public Health Act, 1961, requiring the provision of suitable and sufficient food storage facilities to *existing* houses mandatory; although in this case the alternative of providing space is not open to an owner.

As respects standard grants, facilities for food storage is a standard amenity attracting grant aid and, as the house has to be fit to the standard of Section 4 after the improvement works have been carried out, then a fixed cupboard ventilated to the open air is apparently necessary. This lack of uniformity in the law respecting food storage has 'encouraged' some local authorities to accept a power point provided by the owner wholly at his own expense to which a refrigerator can be connected, as sufficient to enable them to say that food storage accommodation already exists.

The end of food storage facilities as a standard amenity attracting grant is foreshadowed in the White Paper 'Old Houses into New Homes'—the provision of a sink is to be substituted.

In the case of discretionary improvement grants, the conditions specified by the Minister regarding construction, physical conditions, services and amenities, include reference to *satisfactory facilities* for storing food, but if an owner borrows money under the Housing (Financial Provisions) Act, 1958, then there should be a ventilated larder.

Circular 46/61 comments on food storage accommodation and speaks of the present trend toward refrigerators. The reservations to the Denning Committee's report 'Our older homes—a call for action' expresses the view that the requirement for a ventilated food larder was contrary

to the weight of public opinion, whilst the Parker-Morris report 'Homes for Today and Tomorrow' emphasises the declining importance of ventilated food storage in an age of refrigeration and the great increase in the sale of packaged foods.

The conflicting legal provisions and the weight of public thinking on food larders makes one realise that it may not be very long before we see yet another submission to technological change in our housing standards.

MEAT INSPECTION

GENERAL

Compared with 1967 the total of animals slaughtered in the City for food shows an overall increase of 13·12% against the national average of 4·0%. The figures for the various types of food animals slaughtered and inspected are as follows; the national figures, where applicable, are shown in brackets: Cattle +4·076% (5·0%) Calves —44·78% Sheep and lambs +18·60% (—7%) Pigs +8·8% Bacon pigs +31·14% Goats +133·33%.

As suggested in the Annual Report for 1967 the number of calves slaughtered shows a pronounced drop of almost 45%, no doubt reflecting the need for replacement of stocks following the foot and mouth disease outbreak. Table 12 refers.

It will be seen from Table 13 that of 15,091 cattle slaughtered at the public abattoir, there were no instances of whole or part carcasses or organs condemned for tuberculosis.

The incidence of *Cysticercus bovis* cases shows a slight increase over the figure for 1967 (22 as against 18) or (0·15% against 0·11%). The majority of the infections arose in Irish cattle where 17 cases were observed out of 415 steers and heifers slaughtered or 4·09%, while in English steers and heifers only 5 cases were observed or 0·05%. All the affected carcasses were subjected to the prescribed cold storage treatment as was all affected carcase meat sent into the City cold stores by local authorities from outside the City. All carcasses were checked and stamped when treatment was completed.

The abattoir modernisation scheme was started in October and we look forward to its completion early in 1969. The use of the abattoir for lectures and demonstrations has continued and the demand for experimental and instructional material is steadily increasing. This year 350 pairs of bovine eyes, 450 specimens of internal organs, 250 pineal glands, 120 pituitary glands and nearly 1,000 pints of blood were prepared and supplied for the use of schools, colleges, departments of the University and hospitals.

FASCIOLIASIS

It is of interest to make a short study of the number of cases of fascioliasis in cattle and sheep slaughtered at the Public Abattoir during the last five years. The figures are reproduced below and it can be seen that there has been an increase of 33 per cent in the number of cases found in cattle during the period. The number of cases in sheep fell sharply in 1965 and there was only a small increase during the next two years. This year, however, has revealed a sharp increase of 43 per cent on last year's figure, but this represents an increase of only 1·3 per cent on the 1964 total.

	1964	1965	1966	1967	1968	Total
Adult Cattle ...	4,698	4,719	5,360	6,171	6,264	27,212
Sheep ...	5,091	2,889	3,661	3,614	5,173	20,428
	9,789	7,608	9,021	9,785	11,437	47,640

PRIVATE SLAUGHTERHOUSES

The one private slaughterhouse licensed in Bristol is attached to a bacon factory. During 1968 the throughput here has increased by 31·15% over 1967. The premises have been well maintained. An interesting treatment of a leaking brine tank was accomplished by lining the tank with fibre glass which resulted in a quick and efficient job being done leaving the walls and floor with a smooth impervious surface.

MEAT INSPECTION

The procedures laid down by the Meat Inspection Regulations 1963 have been complied with and when holidays and/or sickness have made it necessary additional help has been given by the district public health inspectors. Ritual slaughter without stunning is not practised at the abattoir. Licensed Mohammedan slaughtermen use the "Electrolether" stunner which is accepted by

the followers of that religion. Dr. H. R. Cayton, Director of the Public Health Laboratory Service, has again been most helpful in determining abnormal conditions found on post-mortem inspection. I thank him and his staff for their advice and co-operation.

1,030 specimens of pigs' diaphragms were submitted to Dr. H. D. Crofton of the Zoology Department of the University of Bristol for the detection of the parasite *Trichinella spiralis* but no evidence of the parasite was reported. My thanks and appreciation are offered to Dr. Crofton and his staff for their co-operation in these tests.

The Meat Research Institute of the Agricultural Research Council, at Langford, Somerset, was opened this year and its help has been sought in two instances connected with bacon pigs.

The first instance concerned erythema which necessitated considerable trimming of the affected carcasses, and the second was concerned with a condition which although resembling jaundice did not present any of the recognised indications of this condition upon a detailed post mortem examination. Investigations at the Institute on these two cases are still proceeding.

Complaints by the public regarding unfit meat have been very few and none has warranted legal proceedings.

One matter for comment is the surprising number of refrigerated display cabinets which seem to break down overnight or over weekends. In most of these cases the entire stock displayed has had to be rejected. One wonders if in some instances the units are being overloaded or not properly maintained.

The increasing use of container transport is producing, in some instances, increased inspection duties where containers pass through the ports of arrival to depots in other local authority areas. When the containers are sealed and intact adequate inspection can be made but there are cases where "broken loads" arrive. These could present problems but in the main require only routine visits.

As recorded elsewhere, on the 11th July many parts of the City were flooded to a considerable depth and the bacon factory, many butchers' shops and general stores suffered heavy damage resulting in the destruction of over 23 tons of meat while hundreds of the larger tins of ham were sorted and the tins washed with a bactericide before being brought back into retail sale.

MEAT DEPOTS : COLD STORES

The meat depots and cold stores have been reasonably maintained throughout the year. On occasion the transport of chilled beef still leaves much to be desired and considerable trimming has to be undertaken. This has been a regular comment for some years.

The flooding in July also caused considerable damage in one of the cold stores where the whole of the basement was flooded; here nearly 2,000 x 40 lbs. cheeses had to be sorted and 800 sent for re-processing, 1,500 x 28 lbs. cartons of lard were sorted and 550 re-processed, 32 bags of hops and 360 bags and 40 cartons of dried egg were re-processed.

KNACKERS' YARDS AND OFFENSIVE TRADES

Only one licensed Knacker's Yard remains operative in the City.

It is to be regretted in this modern age that the processing of organic waste from slaughter-houses and butchers' shops still gives rise to serious nuisances from effluvia.

During this year it became necessary to serve an abatement notice in respect of such a nuisance and, in an effort to co-operate, the firm concerned are installing an experimental plant which incorporates a completely sealed process. It is hoped the method will be successful and so relieve the area of further nuisance.

PET SHOPS

Sampling of meat and offal offered for sale in pet shops has been continued, details being set out in Table 14. All samples were examined for both *Shigellae* and *Salmonellae*, no evidence of *Shigellae* was found but 34 or 16.66% *Salmonellae* positives were reported. Table 17 shows the sampling results for the last five years. Reference to Table 14 shows the very high percentage (37.50%) of Kangaroo meat yielding positive results. When one considers the fluctuating annual percentages (Table 17) and the frequent high annual totals it would appear that there may be a case for the compulsory heat treatment of raw pet foods particularly when raw pet meat brought into the house is handled, usually by the housewife, who subsequently proceeds to handle food for the family.

One supplier of pet foods in this City is now selling prepacked frozen pet meat and liver; the meat has been stained but the colour is not very obvious in its frozen condition.

SEWER SWABS AND LAIRS BEDDING

96 sewer swabs from the two slaughterhouses were submitted for examination and 6 or 6·25% were reported positive for Salmonellae; this is a reduction from last year. If this figure is compared with the samples taken from butchers' shops and meat depots (198) (Table 15) there does not appear to have been any obvious cross contamination. In fact since 1963 over 1,200 samples of butchers' meat have been examined and only 10 or 0·79% positive Salmonellae reports have been received. The cattle lair set aside for bacteriological examination of the bedding yielded 51 samples only 1 of which was found to be positive (1·96%).

SCHOOL KITCHENS

Visits to school kitchens by the meat inspectorate have been kept to a minimum as only complaints regarding condition or quality are investigated and very few of these have been received. The premises of the contractors are visited regularly and have been found well maintained. Sausages supplied by contractors have been submitted for chemical analysis and have been found satisfactory.

PIGGERIES

Table 16 refers to visits to premises used for pig and poultry keeping including those licensed to boil swill. It has not been necessary to take action in respect of any of the premises during the year.

POULTRY INSPECTION (processing premises)

There are no poultry processing establishments within the district.

SPECIAL INVESTIGATION

Reference to Table 14 (d) will show a new item on miscellaneous samples. 465 porcine mesenteric glands and 69 caecal contents were submitted for bacteriological examination with the object of testing the incidence of Salmonellosis in pigs slaughtered locally.

From the commencement of the experiment until June only one positive result had been recorded but in that month three cases of a previously unidentified Salmonella type were isolated, followed in October by the same type in Knacker meat and in the same month a recurrence of the same type in a further batch of pigs.

It appeared that this was a new serological type and the Ministry of Agriculture, Fisheries and Food wished, if possible, to trace the source as the same organism had been isolated from humans elsewhere. Visits were made with a Ministry representative to the piggery from which the animals had come and specimens were secured of feeding stuff, dung, dead poultry and poultry droppings. The results have so far proved negative but the investigation will be continued in 1969. Tables 12-18 refer to the work of the section.

MILK AND FOOD INSPECTION

In 1968 the functions of the Section were further extended by the introduction of new legislation which was passed or came into operation during the year as shown below.

THE LABELLING OF FOOD REGULATIONS, 1967

Stricter requirements controlling the labelling and advertisement of food generally are imposed by regulations made by the Minister of Agriculture, Fisheries and Food acting jointly with the Minister of Health. The Regulations supersede the provisions of the Labelling of Food Order 1953, as amended, relating to the labelling and description of food and came into operation on 1st January, 1968, insofar as they apply to any food (other than a soft drink) containing cyclamate. In all other respects the operative date is the 4th January, 1971.

The principal changes are that the regulations:

- (a) amend and extend the provisions relating to the labelling of pre-packed food and the list of foods to which they apply.
- (b) impose requirements as to the labelling and advertising of certain foods for retail sale which are not pre-packed; and of tenderised meat.

- (c) impose restrictions on the use of the word "milk" on labels or advertisements.
- (d) impose restrictions on the height of the characters in which the appropriate designation or the common or usual name and the list of ingredients of food are to appear on labels and tickets.

THE IMPORTED FOOD REGULATIONS, 1968

These regulations came into operation on 1st August, 1968, and replace the Public Health (Imported Food) Regulations 1937 and 1948, the Food and Drugs (Whalemeat) Regulations, 1949, and the Food and Drugs (Whalemeat) (Amendment) Regulations, 1950.

THE TRADES DESCRIPTION ACT, 1968

Delegated jointly to the Finance & General Purposes Committee (for administration by the Chief Inspector of Weights and Measures) and to the Social Services Committee (for administration by the Chief Public Health Inspector as far as foodstuffs are concerned). This delegation took effect from 30th November, 1968, with the repeal of the Merchandise Marks Acts 1887-1953.

THE SKIMMED MILK, WITH NON-MILK FAT (AMENDMENT) REGULATIONS, 1968

These amending regulations which came into operation on 20th September, 1968, further extend Schedule 2 of the Skimmed Milk with Non Milk Fat Regulations, 1960, to exempt certain specified foods from the requirement to bear on the label the declaration "unfit for babies" (or the permitted alternatives). The new materials mentioned above are as follows:

S-M-A/S 26 manufactured by or for John Wyett and Brothers Limited.

Trufood V. Formula manufactured by or for Trufood Ltd.

Enfamil, manufactured by or for the British Drug Houses Ltd.

THE FISH AND MEAT SPREADABLE PRODUCTS REGULATIONS, 1968

These regulations made in March 1968 supersede the Food Standards (Fish Paste) Order, 1951, and the Foods Standards (Meat Paste) Order, 1951, as amended.

The regulations specify requirements for the description, composition, labelling and advertisement of meat and fish pastes and shall come into operation on March 15th, 1971.

THE POISONS RULES, 1968

Date of operation, 8th February, 1968, later revoked and replaced by

THE POISONS (No. 2) RULES, 1968

Date of operation, 6th December, 1968.

THE POISONS LIST (No. 2) ORDER, 1968

This order adds certain substances to Parts I and II of the Poisons List. The complete list as amended by this Order is set out in Schedule 2.

THE FERTILISERS AND FEEDING STUFFS REGULATIONS, 1968

THE FERTILISERS AND FEEDING STUFFS (AMENDMENT) REGULATIONS, 1968

These Regulations consolidate, with amendments, previous regulations made under the Fertilisers and Feeding Stuffs Act, 1926.

MATTERS OF INTEREST

A 'Sticky' One

In January a complaint was received concerning two irregular shaped pieces of metal found in toffee purchased just before Christmas. The pieces of metal were found by a young boy whilst eating the toffee and were sent to the Department by the boy's parents requesting an investigation of the incident.

Examination of the pieces by the Public Analyst indicated the presence of Mercury and Silver which suggested that the metal may have been portions of a tooth filling. Further enquiries of the boy's mother revealed that the boy had, in fact, lost a tooth filling, and it was concluded that the toffee had probably removed the filling during mastication!

SCHOOL MILK POWDER

During the Winter of 1967 and the early part of 1968 some complaints were received from the School Meals Service regarding the curdling of skimmed dried milk powder when reconstituted and cooked. Sometimes the complaint was accompanied by reports of abnormal flavour.

Examination by the Public Analyst showed the condition to be due to an increase in normal acidity and moisture content. Samples were taken of the powder on delivery to the school kitchens involved and found to be satisfactory and suitable for human consumption. The Public Analyst reported that, in his opinion, long storage in the kitchens allowed the increase of acidity and moisture to take place, and suggested the use of smaller packs than the 56 lb. paper sacks at present used. The School Meals Service was advised accordingly.

A QUESTION OF TIME

It is possible for a Food and Drugs Authority to find that it is powerless to institute proceedings notwithstanding the fact that an offence under the Food and Drugs Act, 1955 has been committed with respect to foreign bodies in food. One such case occurred during the first half of the year.

The incident involved the presence of a large number of bees found in tinned red plums used in a school kitchen. It was not possible to identify which of the nine tins used contained the insects, and reference to the delivery notes showed that three of the tins had been more than six months in the possession of the Corporation. The inability to prosecute on this occasion centred on the law contained in the Magistrates Courts Act 1952, which prescribes a maximum period of six months from the time of a retail sale to the laying of information before a Court.

It is not unusual these days for a quantity of tinned foodstuffs to be purchased for the purpose of providing reserve food stocks in the home but, in circumstances where the tin or tins may have been purchased six or more months previously, no action is possible even though an apparent offence is subsequently discovered.

Admittedly this situation is not, to my knowledge, a commonplace occurrence, but it would seem to be a position where the law is defective and creates a difficulty in demonstrating that justice is being done.

"DRUGGED" CHOCOLATES AND CIGARETTES

On the 17th December, 1968, a lady called at the office and requested that some chocolates and cigarettes she had been given by crew members of a Norwegian ship she had visited in the City Docks be analysed.

She had smoked one of the cigarettes which had tasted bitter and she thought that perhaps they had been poisoned or drugged.

The articles were submitted to the Public Analyst for a report which subsequently proved to be negative.

When asked why she was on the ship, she stated that she had been to ask the Captain for a passage to Italy, which had been refused. The ship, had in fact, sailed that day. It would appear that this complaint should have been under the category "sour grapes".

ABNORMAL TASTE TO POTATOES

In February three complaints were received regarding abnormal taste in potatoes supplied to three different schools. The tastes were variously described as similar to Iodine, Chlorine and disinfectant. Samples of potatoes from three schools were examined by the Public Analyst, but no abnormality could be detected. The ground in which the potatoes had been grown could have been contaminated by vaporising oil from tractors but this could not be confirmed.

A DANGEROUS PRANK

It is not always possible to find the origins of some of the foreign bodies which enter food. Often the explanation can only be an intelligent guess based upon intimate knowledge of production line layout and close observation of methods of handling. One incident involving a sewing needle found in a loaf of bread did, however, admit to full explanation. "Admit" is the operative word in this case because careful examination of the loaf and needle revealed it had been pushed into the loaf after it had been baked. On further questioning and on being confronted with the facts, the complainant's son admitted to pushing the needle into the loaf. He was six years old!

BICARBONATE OF SODA—COMPLAINT

A small dirty and battered circular cardboard box with metal ends was delivered by the complainant to this office. The label bore the words "bicarbonate of soda", but the other printing was obscured.

Inside the container, which was a 4 oz. size, there were about three teaspoonsful of powder. The inspector concerned examined the contents and tasted it, and was satisfied that it was, in fact, bicarbonate of soda.

The complainant stated that "evil spirits" had emptied the box and then refilled it, later emptying it again. Also that the "spirits" had moved the container from shelf to shelf when she was not looking. The inspector reported he was unable to find any "evil spirits".

MILK

During the year one processing dairyman discontinued pasteurising milk and became a distributor of milk processed elsewhere.

At the present time there are seven commercial milk pasteurising plants within the City Boundary, of which four are high temperature short-time, and three operate the low temperature "Batch" pasteurisation method.

MILK SAMPLING

(a) Chemical Analysis

A total of 776 samples of milk, including 132 samples of Channel Islands milk, were submitted for chemical analysis—6 samples of ordinary pasteurised milk were found to contain added water. Repeat samples in all cases proved to be satisfactory.

(b) Designated Milk

630 samples of pasteurised milk, including 102 samples taken from schools, were submitted to the laboratory for examination. Of these 8 failed the methylene blue test and 5 failed the phosphatase test, but none of these failures was in respect of school milks. Appropriate action has been taken where necessary.

35 samples of sterilised milk and 13 samples of ultra high temperature (longlife) milk all satisfied the prescribed tests.

Of 130 samples of "untreated" milk, only 4 samples failed to reach the required standard.

(c) Biological examination

72 samples were submitted for examination, 2 samples were reported to be positive for *Brucella abortus*. The County Authorities were advised accordingly.

MEDICINES AND DRUGS

120 samples of medicines, drugs and medicinal foods were submitted for analysis. Deficiencies were revealed in the following articles:

Ammoniated tincture of Quinine (5 samples)

Root Ginger

Appropriate action by repeat samples or destruction of stock was carried out.

PHARMACY AND POISONS

319 visits were made to "listed sellers" of Part II poisons, and there were also 29 visits to persons selling Part II poisons but who were not on the local authority's list of sellers. As a result of these visits applications to be included on this list were made and granted in each case.

16 samples were obtained during the year, and of these 1 was found to be unsatisfactory in respect of labelling only.

FERTILISERS AND FEEDING STUFFS

17 formal samples of Fertilisers and Feeding Stuffs were submitted to the Agricultural Analyst. All were found to be satisfactory, although in two cases there were discrepancies which were not to the prejudice of the purchaser.

Appropriate action was taken where necessary, but no legal proceedings were instituted.

RAG FLOCK

54 samples of Rag Flock were obtained and submitted for analysis. All were found to be satisfactory.

FOOD POISONING

There were 44 notifications of suspected food poisoning received during the year—39 cases (in 28 households) were confirmed.

Types of *Salmonellae* isolated from cases in 1968 included :

S. brandenburg
S. havana
S. montevideo
S. muenchen
S. newport
S. panama
S. typhimurium
S. mikawasima

DYSENTERY

There were 133 notifications of dysentery during the year reaching a peak in May as indicated in the following table :

<i>Month</i>	<i>Notification</i>	<i>Confirmed cases</i>
January ...	6	2
February ...	6	20
March ...	14	6
April ...	12	16
May ...	32	44
June ...	10	10
July ...	19	13
August ...	6	7
September ...	10	5
October ...	9	6
November ...	5	3
December ...	4	—
Totals	133	132

Of the total number confirmed, approximately half were children, 60 in all (i.e. 31 school children and 29 nursery school children).

TYPHOID

There were 6 cases of typhoid notified during the year but only one of these was confirmed.

NOTES RESPECTING TABLE 24

The table comprises (a) complaints received direct from the public
 (b) complaints received from other authorities
 (c) defects, irregularities etc. noted as a result of routine sampling by the inspectorate.

FOREIGN BODIES—"Personal Items"

Included under this heading are items of a personal nature which can be deemed to have entered the foodstuff as a result of inadequate personal hygiene and comprise cigarette ends, rubber gloves, hair, cigarette ash, coins.

"Building Materials"

Foreign bodies entered under this heading include stone, screws, nails, wood, wire. These complaints are attributable to building or repair work being carried out at the place of manufacture or to misuse of such items as bottles followed by inadequate cleansing or failure to reject.

"Transit and Packing Materials"

Such items as string, brown paper, elastic bands, drawing pins, all being connected with either the transit and packing of the finished product or of some ingredient thereof.

"Not True Foreign Bodies"

This heading includes items which are of the nature of the product but are not of the quality or substance normally demanded. Examples include globules of fat, scorched particles of powder, fish skin, soiled dough, etc.

ATMOSPHERIC POLLUTION

After much delay the No. 8 Smoke Control Area finally got under way during the year. The public local inquiry into the making of this Order was held on 13th March, 1968 and although there were four objectors, only one went to the trouble of appearing, or of being represented, at the inquiry. This objector, a coal merchant operating in the area, was legally represented and obviously went to a great deal of trouble in preparing his case. The objection was based on the assertion that there was a shortage of certain brands of solid smokeless fuel and that the shortage would be aggravated by the diminution of the supply of gas coke caused by the closing of the conventional gas works in the South West. It was also argued that pit closures, transport difficulties and the failure to produce replacement fuels would add to the shortage. In fact, in this area, we are fortunate in having a wide choice of solid smokeless fuels including the low volatile steam coals and anthracite which are mined in South Wales.

The objector also raised the "red herrings" of industrial pollution and pollution from motor vehicles. He contended that it was a waste of time creating this Smoke Control Area when it would be affected by the drift of pollution from the industrial complexes of Avonmouth and Severnside. This was a reference to the relatively large number of processes in these areas which are scheduled under the Alkali Act and are therefore controlled by the Alkali Inspectorate. This argument was quite untenable and a fair summary of his objections was that while not against smoke control he thought that the time was not ripe for this area to be subjected to a Smoke Control Order. Of course, the moment would never be opportune if uninformed opinions of this nature were allowed to influence decisions regarding the progress of smoke control.

The Smoke Control Order was confirmed by the Minister without modification on the 18th April, 1968, with an operative date of the 1st October, 1969. The Council later passed a resolution in accordance with the first schedule of the Clean Air Act, 1956, postponing the operative date of the Order to the 1st October, 1970, having regard to the financial climate at the time and the desire to spread the costs of grants over a further financial year.

Two more proposed smoke control orders were submitted to the Social Services Committee for consideration in April. These set out to extend the area on the West side of the City already affected by smoke control orders by 4,425 acres involving some 7,732 dwellings. However, having regard to the financial restraint required at that time it was decided to defer a decision on these areas for twelve months. This was unfortunate in that it represented a further set-back in the smoke control programme for the City but Bristol is not the only City which has had to accept a cut-back in smoke control progress in these times of financial stringency.

The close liaison with the various fuel interests has been maintained throughout the year not only directly with the South Western Electricity Board and the South Western Gas Board, but also through the Coal Utilisation Council's Standing Committee on Smoke Control Areas, representing both the National Coal Board and the distributive trade. The Specialist Inspector is a member of this committee which provides a very valuable service with a constant feed-back of information regarding the availability and supply of solid smokeless fuels as well as keeping the trade supplied with accurate information regarding local smoke control progress.

Observations in the operative smoke control areas were again carried out, particularly during the winter months, and it can confidently be reported that the situation with regard to smoke emission is satisfactory and the necessity for formal action under Section 11 of the Clean Air Act has not arisen.

A practice among owners of piggeries within the City, giving rise to considerable local smoke pollution, became evident during the year. Several of them were found to be burning on the boilers used to heat pig swill, a readily available and free fuel, namely reject composition shoes and boots. This fuel became available to these people without the knowledge of the shoe manufacturer concerned and in fact the reject shoes evaded the strict security arrangements which control their disposal. One obviously had no difficulty in observing long emissions of black smoke as the shoes were burned in vertical cross tube boilers, which are notorious from the point of view of smoke emission except when a good quality low volatile fuel is burned. Certain of the persons responsible for the emission of black smoke ignored the repeated warnings given by the Department and three prosecutions under Section 1 of the Clean Air Act, 1956, resulted. It was thought that the small fines imposed would not act as a deterrent against further contraventions, but, with one exception, the offences have not been repeated.

NEW FURNACES AND BOILER PLANT

A total of eighty-eight notifications of new furnaces and boiler plant in accordance with Section 3(3) of the Clean Air Act, 1956 were received during the year. The trend towards the use of oil

and gas which has been evident during recent years continued, there being no notifications relating to furnaces fired with solid fuel.

Clean Air legislation has again increased during the year and it should be mentioned that the designation of direct acting electric space heaters, which has been in operation since December, 1964, was removed in August. The installation of these appliances is now eligible for grant in accordance with Section 12 of the Act.

The highlight of the year as far as legislation is concerned was the Clean Air Act, 1968 which received the Royal Assent on the 25th October, and Sections 2; 6 and 8-15 inclusive will come into operation on the 1st April, 1969. Sections 1 and 3-5 do not become operative until a date to be announced by the Minister after 1st April, 1969.

The new provisions contained in Section 1 prohibit the emission of dark smoke from any industrial or trade premises other than dark smoke emitted from a chimney, and are most welcome. This power will be most useful in controlling smoke caused by the burning of such things as car bodies, but it would appear that it will still be very difficult to deal with the itinerant car burner.

Section 6 of the Act, both widens the scope and strengthens the control of chimney heights. It will apply not only to new chimneys but also to existing chimneys in the following cases.

1. Where there is an addition to the combustion space of a furnace or the total combustion spaces of a number of furnaces served by one chimney; and
2. Where a furnace is replaced by another having a larger combustion space.

For the first time it will be necessary to obtain the formal approval of the local authority for the height of the chimney and this approval will be quite separate from that required under planning legislation and the Building Regulations. There will no longer be any exemption for chimneys serving premises used as offices, shops or residences, thus removing an anomaly and treating a chimney solely in relation to the size of the plant which it serves. One hesitates to criticise legislation before it becomes operative but an apparent anomaly exists in sub-section 10(c) which extends the application of Section 6 to a furnace which replaces a furnace having a smaller combustion space. The advance of modern technology and the increasing use of liquid and gaseous fuels has produced boilers with smaller combustion spaces than hitherto. It is thus possible to replace one boiler with another of an increased CAPACITY but a smaller COMBUSTION SPACE. The emission of sulphur dioxide is thereby increased and yet no control over an existing chimney of inadequate height will be available. It is to be hoped that this rather obvious drawback in the Act will be rectified in the near future.

There are also new powers affecting smoke control areas and perhaps the most important of these is contained in Section 9 which makes it an offence either to acquire, or to sell by retail, for delivery in a smoke control area, any unauthorised fuel. This, of course, will not apply to deliveries of unauthorised fuel to premises which either have been exempted from the operation of Section 11 of the 1956 Act or which contain fireplaces which have been similarly exempted. Power has been given to the appropriate Minister under Section 8 to require a local authority to submit for his approval proposals for the establishment of smoke control areas where the Minister is satisfied that it is expedient to abate smoke pollution in any particular area, and that the local authority have not exercised or have not sufficiently exercised their powers to make smoke control orders.

The provisions contained in the 1968 Clean Air Act are, on the whole, a very welcome addition to the Clean Air legislation and it is obvious that as a result there will be an increase in the activity of local authorities in the field of air pollution control in general and in the measurement and control of grit and dust emissions in particular.

ADMINISTRATION OF THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

General inspections of offices and shops to assess full compliance with the requirements of the Act continued until towards the end of the year, when a transfer of staff to other urgent work in the Department temporarily reduced the number of inspectors in the Offices and Shops Section.

During the year, the number of premises inspected was 966 of which 245 were offices, 504 retail shops, 173 warehouses, 43 catering establishments open to the public and canteens, and 1 fuel storage depot. In the three years, 1966/68, 5,917 premises have been visited and it is anticipated that, by the middle of 1969, initial general inspections of all the offices and shops for which the local authority is responsible will have been completed.

These inspections are again being done area by area to locate those employers who have not yet notified the appropriate authority of the employment of persons to work on their premises.

The requirement to give this notification has now been in operation for more than four years yet considerable numbers of employers are still being found who have failed to register employment.

There were 511 new notifications, and after deletions of premises no longer within the scope of the Act, the total number of premises remaining on the register at the end of the year was 8,546. Of these, 3,270 were offices, 4,267 retail shops, 489 warehouses, 501 catering establishments and canteens, and 19 fuel storage depots.

Too many premises are being found, on first inspection, not to comply with the requirements of the Act necessitating written reminders to the persons responsible of the deficiencies existing and it would appear that when all the initial inspections of premises are completed it may become necessary to resort more frequently to legal proceedings.

The most common contraventions found continue to be absence of handrails to staircases, unsuitable sanitary conveniences, absence of supplies of running hot or warm water to washing facilities, dirty premises and poorly ventilated work-rooms. Legal action was taken in 6 instances where reminders of continuing offences had been ignored. Mostly, these involved failure to provide the commoner requirements but one action was in respect of the employment of a telephonist to work in a room measuring 5 feet by 4 feet 2 inches.

Where a properly equipped first aid room in charge of a medical practitioner or qualified nurse is maintained, as is frequently the case in some of the larger offices and shops, it is often desirable to exempt the occupier, as is provided for in the Act, from the obligations to maintain a number of separate first aid boxes, each in the charge of a responsible person. Two applications for such exemptions were received, one from a firm of builders' merchants and engineers, and the other from the occupier of a large office; in both instances certificates of exemption were issued.

Much of the work of the inspectors during this year was carried out in a part of the City where industry predominates and includes two trading estates. Here, occupiers generally were found to have a better understanding of the Act than has hitherto been experienced and, despite some differences in interpretation, there was generally an increased readiness to seek advice and guidance and to accept suggestions for improving staff conditions.

As abstracts of the Act are more consistently displayed in premises, employees are also showing greater familiarity with the Act's requirements, but they are still in very many instances reluctant to associate themselves with, or use the machinery of, the Act to establish whether contraventions exist or not. An encouraging feature is the broadening awareness by all concerned of the implications of the Act. It is no longer unusual for architects to seek discussion with the local authority at the planning stage of new buildings and heating, sanitary and ventilating engineers often wish to check future requirements at this stage; it is also helpful to be able to discuss with consulting engineers the design of purpose made machinery at the drawing board stage, rather than have to criticise when it is already in use in a warehouse.

During the year there were 162 accidents notified, of which 68 concerned women, 80 men, 6 girls and 8 boys. Most of the accidents happened in retail shops (59) and warehouses (40), and more than half of these were either falls or concerned persons handling goods. In general, injuries seemed to be less severe than in previous years but it is difficult to assess whether this arose from a greater tendency on the part of some employers, when in doubt, to notify the slightest occurrence as an accident, or whether greater attention is being paid to safety matters by all concerned.

On 27th May the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968 were made, imposing requirements as to construction, maintenance and examination of lifts. They also required in certain instances liftways to be enclosed and gates to be provided fitted with devices for securing that the gates cannot be opened unless a lift is at a landing and that a lift cannot be moved away from the landing until the gates are closed. These regulations will come into operation on the 28th May, 1969, and the inspectors are already drawing the attention of occupiers to the implications of the Regulations.

The Offices, Shops and Railway Premises Act 1963 (Exemption No. 7) Order, 1968, continued indefinitely the provisions of a previous Order, exempting, subject to conditions, certain small buildings used for retail sales and situated in certain public spaces or beaches from the requirement to provide sanitary conveniences.

Talks continue to be given on the operation of Offices and Shops legislation to trade association training courses.

THE ADMINISTRATION OF THE SHOPS ACTS AND KINDRED LEGISLATION

The shops inspectors have again been engaged throughout the year on duties connected with the Offices, Shops and Railway Premises Act, as well as this legislation.

The Health Committee granted an exemption from the general closing hours requirement of the Shops Act in respect of the City and County of Bristol Flower Show which was held at Durdham Down on the 4th/5th and 6th September. An application for a similar exemption for the Bristol Ideal Homes Exhibition held at the Victoria Rooms from the 4th to the 14th September was also granted.

Two applications from trades in certain areas were considered during the year and Orders were made exempting them from the early closing day provisions. One concerned builders' merchants in the Old Market Street area, and the other booksellers in the Queen's Road area.

A complaint of a gentlemen's hairdresser failing to close his shop on one weekday in each week at 1 p.m. led to investigations which revealed a similar failure in each of three weeks, and a failure to display conspicuously a notice stating on which day of the week the shop would be closed. For these offences the occupier was fined £4 and ordered to pay costs of £3.3.0.

Towards the end of 1967 a catering establishment was summoned for failing to afford assistants their required meal times and weekly half holidays, and the hearing was adjourned. At the resumed hearing in February of this year 15 charges were withdrawn and the company pleaded guilty to a further 15 charges. On each of these they were fined £1 and ordered to pay £10.10.0 costs.

Two defendants operating a petrol-filling station were proceeded against for various offences connected with the employment of two young persons. There were a considerable number of these offences, and they included charges of failure to afford opportunities to take statutory meal breaks and weekly half holidays, exceeding the weekly maximum number of hours of employment and employing young persons at prohibited times during the night. All these charges were dismissed. On charges of failing to keep records of young persons' hours of employment, the two defendants pleaded not guilty on the ground that the two young pump attendants were self-employed. These charges were proved and each defendant was fined £25.

The Minister of Labour again requested that Overseas Labour Officers should be given an insight into the duties of a shops inspector. The operation of the Shops Acts and the Offices, Shops and Railway Premises Act were discussed with representatives from Bermuda, Fiji, Swaziland and Uganda.

The Annual Conference of the Institute of Shops Act Administration was held at Scarborough in September and was attended by the Deputy Chief Public Health Inspector, Mr. G. F. Downing.

RAT DESTRUCTION

DISINFESTATION AND DISINFECTION

PREVENTION OF DAMAGE BY PESTS ACT, 1949

As will be seen by a study of the year's statistics, (Table 25), there was a slight increase in the numbers of occupiers who notified the Department that they considered their premises to be infested with rats, but a considerable increase in notifications of mice. These notifications were as required by Part 1, Section 2, of the Prevention of Damage by Pests Act, 1949. A number of additional infestations were found where the initial visit was for some other purpose. Every definite complaint and even the slightest suspicion of a rat or mouse infestation has been investigated by the rodent control staff. Treatment was carried out in every case where requested by the occupier or owner and the section was actively concerned where treatment was in hand by the occupiers themselves or where the services of a private contractor were involved.

Verbal notices were issued when necessary and advice on the proofing of buildings against rodent invasion was given in many cases.

ROUTINE INSPECTIONS AND TREATMENT

The practice of providing a routine inspection service for many of the City's business premises was maintained early in the year and was appreciated by many occupiers. This service permits light infestations to receive early treatment before larger infestations build up. As a result of economy measures introduced later in the year the free inspection service was suspended and evidence now to hand indicates that this may have been false economy. More time and effort is now being expended in dealing with business premises' infestations than before and the amount of damage to foodstuffs in store has increased. It is hoped that in 1969 the free inspection service will be restored.

Routine inspections of the derelict sites in the City have continued including many void properties awaiting demolition for the purpose of road widening or redevelopment. This is considered to be especially important when isolated properties remain in occupation as sometimes these are small retail shops which would attract an infestation under such circumstances.

Only 28 defective drains have been suspected as a cause of surface infestations. This is one of the smallest lists on record. It would be unwise to consider that defective drainage systems are less suspect than heretofore, and preferable to think that the constant sewer treatment programme is now having a really marked effect in the reduction of the numbers of common rats in the sewers.

PORT OF BRISTOL AUTHORITY AREA

The dock and harbour installations at the City docks, Avonmouth and Portishead docks have again been subjected to as comprehensive a coverage as the available manpower would allow. Additional work has been created by the ever-expanding industrial estates along the banks of the River Severn. It is interesting to record that many of the large industrial concerns appear to prefer the services of the Health Department in dealing with rat and mouse infestations, perhaps realising that the local authority can visit adjoining premises and carry out block treatments for rodents to everyone's advantage. This is a facility which may be denied the private servicing contractor.

SEWER TREATMENT

The City sewerage system has again been treated in the most comprehensive manner possible. In addition to providing the normal form of treatment an opportunity has been taken to give special attention to known pockets of infestation, preparatory to the commencement of a general blanket form of treatment to be commenced early in 1969. Every effort has been made to establish if any connection exists between surface and sewer infestations and additional sewer treatment has been carried out wherever it appeared to be beneficial to the eradication of a surface infestation.

OTHER PESTS

The number of wasp nests dealt with during the year was 339. This is again less than the average for a number of years and it must be considered that the all-time record of 1,542 wasp nests destroyed in 1965 is still showing results in the reduced numbers of requests for assistance.

Complaints continue to be received regarding the existence of foxes, snakes, squirrels and other animals. Advice is given where possible and complaints of foxes are referred to the Ministry of Agriculture, Fisheries and Food.

On the 13th October the Department took over control of the pigeon trapper, previously employed by the City Engineer. This was preparatory to submitting to the Social Services Committee a comprehensive report on the control of feral pigeons in the City. Whilst attempting to deal with complaints in accordance with previous practice, every effort has been made to assess the size of the problem and it is possible that the City may have to deal with a pigeon population of something in excess of 90,000. At the close of the year the Committee's decision is awaited as to the advisability of commencing a pigeon control programme at this time.

GENERAL

First mentioned in the Annual Report for 1967, our fears of mice becoming immune to Warfarin as a rodenticide have unfortunately been confirmed. Great difficulty is now being experienced in the control of the house mouse by the use of this material which until now has proved an exceptionally good rodenticide. Evidence that an immunity to Warfarin exists is also being experienced by private servicing companies and occupiers alike. Whilst considering alternative treatment, the cause for this set-back in the field of pest control has to be investigated if a satisfactory solution is to be found.

In premises where rodent control has been carried out by the Health Department for some years there is little or no resistance amongst mice. This, we believe, is because it has always been our practice to continue treatment until the last mouse has been dealt with, thus preventing any poison induced resistance to be passed on. Where anything less than total eradication is considered, the survival of the fittest obtains and in this respect the remaining mice will breed litters which are themselves more resistant, and in each generation the remaining mice are less likely to be killed with Warfarin. It has always been recognised that a higher percentage of Warfarin is needed to kill mice than to kill rats but regrettably many of the proprietary brands

of rodenticides on sale only contain a minimum quantity of poison and may in effect, feed and fatten all but the most susceptible. In many cases where treatment is carried out by the occupier he is satisfied by a reduction in numbers of mice without realising the importance of completing the treatment by dealing with the last mouse. This also happens in cases where continuous treatment is practised without adequate consideration of the size of the infestation being dealt with.

The long term answer may well be to ban the use of Warfarin as a mouse poison for a period in excess of two years to allow other control measures to break into the genetic strain and reduce the inborn resistance. This could be followed by the use of Warfarin with a prescribed minimum percentage of at least 0.05 per cent. A restriction on the use of Warfarin and all rodenticides derived from the basic dicoumarin would enable its use to be considered in the future, but at the present time it is rapidly becoming a rodenticide that is useless against mice. Treatment must now be concentrated on the use of acute poisons, coupled with narcotics, and the use of all forms of traps according to the location of the infestation and the type of premises being dealt with and, above all, to be satisfied with nothing less than total eradication.

As could be expected from this brief information on resistance, a considerable amount of extra work has resulted for Pest Control for whereas with Warfarin one visit in seven days was sufficient, with most other methods a daily visit is necessary. This has made the normal work more difficult and in addition many more complaints are being received.

All the new rodenticides have been subjected to field trials without so far finding a suitable successor to Warfarin or one that will be of use against resistant mice.

In spite of difficulties due to staff shortages and sickness, every effort has been made to visit complainants within 24 hours of receiving a complaint and there has been no reduction in the standard of treatment carried out.

Generally, this is a service that is very well received by the public and, if consideration is given to the effects the withdrawal of such a service would create, it must be accepted that this is a service that must not be allowed to reduce its standards or its aims—the total elimination of all rats and mice.

DISINFECTION AND DISINFESTATION

This service has maintained its usual efficient and valuable contribution to the environmental health of the City, apart from the purely routine matters of the control of vermin and disease etc. In particular the disastrous West Country flood of 10th/11th July brought an enormous amount of extra work to the disinfecting station. In addition to the drying of carpets and furniture, carried out both in situ and at the station, and the collection and destruction of articles and food ruined by water and sewage contamination, whole areas of streets, paths and gardens were disinfected and cleansed, shops, warehouses and factories and even part of a golf course were dealt with where surfaces had been fouled by sewage forced up when the sewers and a stream surcharged. In this connection the mechanical sprayer purchased in 1967 proved of great value.

The personnel of the Disinfecting Station worked very long hours on the first few days from 08.00 a.m. until 1.30 a.m. the following day, and subsequently from 08.00 a.m. until 11.00 p.m. daily from the 11th to the 26th July. My thanks are due to the men who worked so willingly and without complaint to assist in every way possible those of our citizens who were affected. The following routine work of spraying and/or powdering has been carried out as in the past:

- Animal houses and dissecting rooms at Bristol University Veterinary College;
- manure heaps and gut rooms at the public abattoir;
- school kitchens and special schools;
- river, streams and water courses;
- police cells, hostels;
- ships in Avonmouth and Bristol Docks.

In addition a hide infected by Anthrax was dealt with.

Condemned canned foodstuffs were collected and destroyed.

The soiled linen service has been maintained and the number of articles dealt with has increased. Table 26 refers to the work of the Section.

The disinfecting staff have again been called upon to cleanse several houses which were in, or had been left in, such a deplorable state of filth that no one else would attempt to clean up. It is still a matter of amazement that in these days of modern scientific advances, the benefits and care given by the Welfare State and the undoubted improvement in educational standards, some members of our society can live in and produce the appalling conditions occasionally found.

TABLE 1
ENVIRONMENTAL HEALTH INSPECTIONS (ALL LEGISLATION)

Complaints and enquiries received ...	...	8,896		
<i>Visits:</i>		<i>Visits</i>	<i>Revisits</i>	<i>Total</i>
Dwelling houses (Public Health) ...	...	6,347	13,597	19,944
Dwelling houses (Housing) ...	...	3,054	4,956	8,010
Multiple occupation ...	...	76	469	545
Common lodging houses ...	...	7	1	8
Factories—power ...	...	508	819	1,327
Factories—non-power ...	...	28	35	63
Outworkers ...	...	34	47	81
National Assistance Act, 1948 ...	...	8	10	18
Nurseries/homes, etc. ...	...	84	51	135
Entertainment places ...	...	24	70	94
Movable dwellings ...	...	85	698	783
Sites ...	...	339	957	1,296
Building sites ...	...	141	233	374
Injurious weeds ...	...	11	18	29
Offensive trades ...	...	58	2	60
Keeping of animals ...	...	146	173	319
Piggeries ...	...	316	3	319
Poultry ...	...	193	11	204
Pet shops ...	...	145	20	165
Noise ...	...	405	1,514	1,919
Smoke observations ...	...	790	1,376	2,166
Smoke Control Area visits ...	...	5,522	2,554	8,076
Chimney height visits ...	...	91	94	185
New furnaces and fireplaces (notifications) ...	...	3	—	3
Dust and effluvia ...	...	109	586	695
Health education ...	...	75	3	78
Court attendance ...	...	126	16	142
Flooding ...	...	3,214	361	3,575
All other matters ...	...	1,981	2,550	4,531
Food premises—registrable ...	...	863	1,350	2,213
Food premises—non-registrable ...	...	2,678	5,186	7,864
Food vehicles/stalls ...	...	711	746	1,457
Butchers' shops ...	...	642	127	769
Meat markets ...	...	986	—	986
School kitchens ...	...	238	16	254
Cold stores ...	...	240	3	243
Food inspection ...	...	2,240	531	2,771
Dairies ...	...	81	29	110
Ice-cream manufacturers ...	...	21	23	44
Pharmacy and poisons ...	...	348	29	377
Rag flock ...	...	47	2	49
Sampling ...	...	2,308	85	2,393
Infectious disease ...	...	86	78	164
Dysentery ...	...	208	366	574
Food poisoning ...	...	98	249	347
Food complaints ...	...	660	549	1,209
Offices ...	...	227	1	228
Retail shops ...	...	462	51	513
Wholesale shops and warehouses ...	...	171	3	174
Catering establishments and canteens ...	...	46	2	48
Fuel storage depots ...	...	1	—	1
Other visits L.A. Circ. 5, Para. 7 ...	...	2,515	2,650	5,165
Sunday Entertainment Act ...	...	5	—	5
Young Persons (Employment) Acts ...	...	4	—	4
Shops Acts (retail) ...	...	777	616	1,393
Shops Acts (wholesale) ...	...	2	3	5
Totals ...	...	40,592	43,920	84,512

TABLE 2

SUMMARY OF NOTICES SERVED

(Excluding Housing Legislation)

				<i>Informal</i>		<i>Statutory</i>	
				<i>Served</i>	<i>Complied with</i>	<i>Served</i>	<i>Complied with</i>
Dwelling houses (public health) ...	...	...	...	364	323	194	202
Multiple occupation ...	...	...	...	5	2	1	1
Common lodging houses ...	...	...	...	—	—	—	—
Factories—power ...	...	...	...	50	42	—	—
Factories—non-power ...	...	...	...	—	—	—	—
Outworkers ...	...	...	...	—	—	—	—
Nurseries/homes etc. ...	...	...	...	—	—	—	—
Entertainment places ...	...	...	...	—	—	—	—
Sites ...	...	...	...	3	3	1	1
Building sites ...	...	...	...	4	3	—	—
Injurious weeds ...	...	...	...	—	—	—	—
Keeping of animals ...	...	...	...	1	1	—	—
Noise ...	...	...	...	—	1	—	—
Smoke observations ...	...	...	...	1	1	1	2
Dust and effluvia ...	...	...	...	—	1	—	1
All other matters ...	...	...	...	2	2	1	—
Food premises—registrable ...	...	...	...	57	25	—	—
Food premises—non-registrable ...	...	...	...	295	309	3	2
Food vehicle stalls ...	...	...	...	44	14	—	—
Butchers' shops ...	...	...	...	25	30	—	—
Meat markets ...	...	...	...	—	—	—	—
Cold stores ...	...	...	...	—	—	—	—
Dairies ...	...	...	...	3	—	—	—
Ice-cream manufacturers ...	...	...	...	—	—	—	—
Rag flock ...	...	...	...	—	—	—	—
Offices ...	...	...	...	151	243	—	—
Retail shops ...	...	...	...	281	409	—	—
Wholesale shops and warehouses ...	...	...	...	139	138	—	—
Catering establishments and canteens ...	...	...	...	40	59	—	—
Fuel storage depots ...	...	...	...	—	—	—	—
Sunday Entertainment Act ...	...	...	...	—	—	—	—
Young Persons (Employment) Acts... ..	...	...	...	—	—	—	—
Shops Acts (retail) ...	...	...	...	13	6	—	—
Shops Acts (wholesale) ...	...	...	...	1	—	—	—
Totals ...	...	...	...	1,479	1,612	201	209

TABLE 3

SUMMARY OF REMEDIAL ACTION

(Excluding Housing Legislation)

Public Health

New drains laid	...	...	...	...	8
Drains repaired	...	...	...	...	189
Choked drains cleared	...	...	...	...	1,489
Tests made	...	...	...	...	101
Repairs/improvements to sanitary accommodation	...	...	...	...	66
Additional sanitary accommodation provided	...	...	...	...	1
Intervening vent space provided	...	...	...	...	—
Cesspools abolished	...	...	...	...	1
New and additional water supplies	...	...	...	...	—
Hot water installed	...	...	...	...	2
New/additional sinks provided	...	...	...	...	—
Wash basins provided	...	...	...	...	—
Roofs repaired	...	...	...	...	174
Dampness remedied	...	...	...	...	108
Other new and repair works	...	...	...	...	224
Yards paved and drained	...	...	...	...	2
Other nuisances abated	...	...	...	...	184
Houses cleansed/fumigated	...	...	...	...	158
Food store installed	...	...	...	...	—
Cooking facilities provided	...	...	...	...	—
Lighting improved	...	...	...	...	—
Ventilation improved	...	...	...	...	2
Heating provided	...	...	...	...	—
Overcrowding abated	...	...	...	...	1
Exhumations	...	...	...	...	4
Keeping of animals—improvements	...	...	...	...	—

Aged and Infirm Persons

Removals—voluntary	...	...	...	...	1
Removals—court order	...	...	...	...	6
Smoke Infringements dealt with	...	...	...	...	10
Noise nuisances dealt with	...	...	...	...	76
All other matters	...	...	...	...	479

Food Hygiene

Premises altered/repared	...	...	...	...	91
Premises decorated/cleansed	...	...	...	...	235
Hot water provided	...	...	...	...	82
Sinks provided	...	...	...	...	9
Wash hand basins provided	...	...	...	...	34
Sanitary accommodation provided	...	...	...	...	3
Sanitary accommodation improved	...	...	...	...	54
Personal requirements dealt with	...	...	...	...	34
Equipment improved/replaced	...	...	...	...	77
Contamination risk reduced	...	...	...	...	18
First aid provisions	...	...	...	...	17
Lighting improved	...	...	...	...	—
Refuse storage improved	...	...	...	...	22
Stall/vehicles improved	...	...	...	...	14
Food transport improved	...	...	...	...	1
Ventilation improved	...	...	...	...	10
All other matters	...	...	...	...	42

Offices and Shops

Premises cleaned/redecorated	..	...	51
Heating provided/improved	...	...	46
Ventilation improved	..	...	92
Lighting improved	...	...	54
Sanitary accommodation improved	...	...	236
Sanitary accommodation provided	...	...	12
Washing facilities improved	...	...	153
Washing facilities provided	...	...	20
Seats provided	...	...	21
Eating facilities provided/improved	...	...	11
Floors, passages, stairs repaired	...	...	87
Machinery fenced	...	...	102
Other safety measures provided	...	...	178
First aid provisions	...	...	375
All other matters	...	...	1,171

TABLE 4

PROSECUTIONS AND COURT APPEARANCES

Under the Public Health Act, 1936

Section 94	Nuisance	Work completed Unconditional discharge
Section 95	Failure to comply with Court Order	Fined £2
Section 94	Various nuisances	28-day Order made
Section 94	Various nuisances	28-day Order made
Section 94	Various nuisances	28-day Order made
Section 94	Leaking roof	Work completed—but or- dered to pay £3 3s. 0d. costs
Section 94	Bulged ceiling plaster	Fined £1 0s. 0d.
Section 94	Various nuisances	Order to abate forthwith
Section 94	Leaking roof	28-day Order made
Section 94	Accumulations of rubbish	Order to abate forthwith
Section 95	Failure to comply with Court Order	Fined £10 0s. 0d. and or- dered to pay £2 2s. 0d. costs
Section 95	Failure to comply with Court Order	Case dismissed
Section 94	Various nuisances	Fined £1 0s. 0d. for failure to comply with notice within time specified
Section 94	Various nuisances	28-day Order made
Section 94	Bulged ceiling plaster	Fined £1 0s. 0d.
	Assault on Public Health Inspector	Bound over in sum of £25 for two years

Under the Food and Drugs Act, 1955

Section 2	Copper wire in loaf of bread	Fined £30 and ordered to pay £5 5s. 0d. costs
Section 2	Adulterated whisky	Fined £25 and ordered to pay £5 0s. 0d. costs
Section 2	Rusty nail in steak and kidney pudding	Fined £25 and ordered to pay £3 3s. 0d. costs
Section 2	Screw in loaf of bread	Fined £25 and ordered to pay £3 3s. 0d. costs
Section 2	Mouldy beef steak pudding	Fined £10 and ordered to pay £5 5s. 0d. costs
Section 2	Metal in loaf of bread	Fined £15 0s. 0d.
Section 2	Pasty containing ants	Fined £5 0s. 0d.
Section 2	Algal growths in bottle of milk	Fined £50 0s. 0d.
Section 2	Piece of wire in pork sausage	Fined £15 0s. 0d.

Under the Food Hygiene (General) Regulations 1960

Reg. 23(1)(a)	Defects to floor	Fined £15 0s. 0d.
Reg. 23	Flaking paint to walls and ceilings	Fined £15 and ordered to pay £5 5s. 0d. costs
Regs. 14(1)(a) 23(1)(a)	Dirty condition of premises	Fined £10 on each of 7 counts
Reg. 9(e)	Smoking in a food room	Fined £3 and ordered to pay £2 2s. 0d. costs
Regs. 23(1) 16(2) 16(3) 18 8	Dirty premises, structural defects, no hot water to toilets, no soap, nailbrush or towels, open food liable to contamination etc.	Fined £25 on each of 7 counts and ordered to pay £10 10s. 0d. costs
Regs. 6(1) 8 15(5) 16(2) 16(3) 23(1) 24	Dirty premises and equipment, no hot water to wash basins, food exposed to risk of contamination, refuse stored in lidless bins etc.	Fined £25 on each of 7 counts and £5 on each of 2 counts and ordered to pay £10 10s. 0d. costs
Regs. 6, 14, 16, 19, 20, 23	Dirty walls and ceilings, dirty equipment and fittings, structural defects, insufficient lighting in preparation room, dirty towel, dirty W.C., no hot water supply.	Fined total of £41 0s. 0d.

Under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 as amended

Reg. 5(1)	Dirty condition of ice cream vehicle	Fined £10 0s. 0d.
Regs. 16(1) (3) 17, 18(a)	No wash basin for food handlers, no sink for washing equipment	Fined £5 0s. 0d.
	No clean towel	Fined £2 0s. 0d.
	Food handler not wearing clean washable over-clothing	Fined £3 0s. 0d.
	No first aid kit provided	Fined £1 0s. 0d.
Regs. 8(e), 16(2)	Smoking whilst handling open food; no hot water for use on vehicle	Fined £3 0s. 0d. Fined £2 0s. 0d.
Regs. 6(1), 16(3)	Dirty refrigerator, no hand towel	Fined £4 0s. 0d.
Reg. 13(1)(a)	No name and address on three vehicles	Fined £3 on each of 3 counts
Regs. 16(3), 17	No nail brush, no first aid kit on vehicle	Fined £1 0s. 0d. and £2 0s. 0d.
Regs. 5(1), 8(a), 9(a), 16(2), 17	No hot water on vehicle	Case proved—absolute discharge
	No first aid kit	Fined £5 0s. 0d.
	Dirty interior of vehicle	Fined £2 0s. 0d.
	Dirty persons serving (2)	Fined £4 on each of 2 counts
	No washable over-clothing (2)	Fined £2 on each of 2 counts
Regs. 8(e), 16(2)	No wash hand basin, no sink, no hot water provided on vehicle	Case proved—absolute discharge
Reg. 17	No first aid kit	Fined £5 0s. 0d.
Regs. 13(1)(a), 16(3), 17, 18(a)	No name and address on vehicle, no soap or nail brush, no first aid kit, no sink for equipment	Fined £5 on each of 4 counts

Under the Milk and Dairies (General) Regulations, 1959

Reg. 27(1)	Glass splinter in bottle of milk	Case dismissed—no reason given
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Under the Clean Air Act, 1956

Section 1(1)	Emission of dark smoke for 13 mins.	Fined £10 0s. 0d.
Section 16	Nuisance from burning rubbish	Order made prohibiting recurrence. Ordered to pay £5 5s. 0d. costs
Section 1(1)	Emission of dark smoke for 30 mins.	Fined £5 0s. 0d.
Section 1(1)	Emission of dark smoke for 27 mins.	Fined £3 0s. 0d.
Section 16	Smoke emission from car burning	Order made to cease forthwith. Ordered to pay £3 3s. 0d. costs

Under the Housing Act, 1957

Section 27(1)	Allowing premises to be used in contravention of Closing Order (owner)	Fined £10 and ordered to pay £3 3s. 0d. costs
Section 27(1)	Allowing premises to be used in contravention of Closing Order (owner)	Fined £10 0s. 0d.
Section 27(1)	Contravention of Closing Order (occupier)	Fined £2 0s. 0d.
Section 27(1)	Allowing premises to be used in contravention of Closing Order (owner)	Fined £5 0s. 0d.
Section 160	Obstructing authorised officer	Fined £1 0s. 0d.
Section 27(1)	Contravention of Closing Order (occupier)	Fined £5 as daily penalty for 15 days
Section 27(1)	Allowing premises to be used in contravention of Closing Order (owner)	Fined £10 as daily penalty for 14 days

Under the Offices, Shops and Railway Premises Act, 1963

Section 53	Failure to permit inspection	Fined £2 0s. 0d.
Section 18(1)	Young person permitted to clean bacon slicing machine	Fined £10 and ordered to pay £5 5s. 0d. costs
Sections 9(2), 15	Sanitary conveniences not maintained and general structural defects	Fined £25 on each of 2 counts and ordered to pay £5 5s. 0d. costs
Sections 4(1), 4(2), 9(1), 10(1)	Structural defects, absence of I.V.S., no hot water supply	Fined £5 on each of 3 counts
Sections 4(1), 16(2)	Dirty premises, no hot water supply, no hand-rail to staircase	Fined £40 and £20 and ordered to pay £5 5s. 0d. costs
Section 5(1)	Telephone operator's room overcrowded	Fined £15 and ordered to pay £5 5s. 0d. costs

Under the Shops Acts 1950/65

Section 1(1)	Failure to observe half-day closing	Fined £1 on each of 4 counts and ordered to pay £3 0s. 0d. costs
Section 1(2)	Failing to display early closing notice	
Section 19	Failure to give statutory meal intervals and weekly half holidays	Fined £1 on each of 15 counts and ordered to pay £10 10s. 0d. costs
Sections 19, 32	Failure to give statutory meal intervals and weekly half holidays, exceeding maximum number of hours and failing to keep records regarding employment of "Young Persons"	Fined £25 on each of 2 counts

Under the Riding Establishments Act, 1964

Section 1(1)	Using premises as unlicensed riding establishment	Fined £2 and ordered to pay £2 costs
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TABLE 5

FACTORIES ACT, 1961

Prescribed Particulars on the Administration of the Factories Act, 1961

PART I OF THE ACT

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written Notices</i> (4)	<i>Occupiers Prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	39	81	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,653	1,327	50	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	134	374	4	—
Total ...	1,826	1,782	54	—

2. Cases in which defects were found.

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>No. of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred to H.M. Inspector</i> (4)	<i>by H.M. Inspector</i> (5)	
Want of cleanliness (S. 1) ...	10	2	3	1	—
Overcrowding (S. 2) ...	—	—	—	—	—
Unreasonable temperature (S. 3) ...	1	—	—	—	—
Inadequate ventilation (S. 4) ...	14	5	—	—	—
Ineffective drainage of floors (S. 6) ...	—	—	—	—	—
Sanitary conveniences (S. 7):					
(a) Insufficient ...	21	18	—	1	—
(b) Unsuitable or defective ...	131	76	—	4	—
(c) Not separate for sexes ...	2	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	4	1	—	—	—
Total ...	183	102	3	6	—

TABLE 6

FACTORIES ACT, 1961
PART VIII OF THE ACT
Outwork
(Sections 133 and 134)

Section 133				Section 134		
Nature of work (1)	No. of outworkers in August list required by Section 133 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing } Making, etc. Apparel } Cleaning } and Washing	70	—	—	—	—	—
Furniture and Upholstery	1	—	—	—	—	—
Stuffed toys	3	—	—	—	—	—
Textile weaving	1	—	—	—	—	—
Total	75	—	—	—	—	—

In addition to the above, outworkers are also involved in the following occupations:

Occupation	No. of o/w's	Occupation	No. of o/w's
Painting Dolls	...	Crotcheting ..	...
Christmas Card preparation	5	Embroidery ..	1
and packet labelling	...	Fabric Machinery	...
Handicrafts ..	1	Rug Making ..	2
Rosettes ...	5	Sorting stamps	...
Leatherwork	2	Decorating pots	...
Dolls Clothing	2		...
	2		25
			—

No action
has been
necessary
in respect
of Sections
133 or 134

TABLE 7

HOUSING PROGRESS CHART

			<i>From May 1955— 1960</i>	<i>1961— 1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>
Houses in Clearance Areas and already covered by operative Clearance Orders or Compulsory Purchase Orders ...	Pre-war 138 Post-war up to 5.5.55 73	} 211	113 72	19 —	1 —	— —	— —
Houses in Clearance Areas for which Clearance Orders or Compulsory Purchase Orders have been submitted to the Minister but have not yet become operative ...	Post-war up to 5.5.55	} 56	56	—	—	—	—
Number of houses subject to operative Demolition Orders	Pre-war up to 5.5.55	} 258	201	27	—	—	—
Totals			—	425	6	10	16
Houses represented—Clearance Areas ...	...	...	442	46	1	—	—
Reported to Committee ...	...	...	3,592	746	13	64	46
Demolition Orders made on individual houses ...	...	...	157	27	2	10	6
Certificates of Unfitness—houses owned by Corporation ...	...	...	510	196	21	23	24
Undertakings given by owners to demolish ...	...	...	114	74	3	7	2
Unfit houses voluntarily demolished by Corporation and others ...	...	...	229	256	25	39	80
Grand Totals ...			5,044	1,770	71	153	174

TABLE 8

ACTION UNDER HOUSING LEGISLATION

<i>Houses inspected</i>								1967	1968
Section 9	...	...	...	...	...	...	...	—	—
Section 16	...	...	...	...	...	...	...	73	72
Section 18	...	...	...	...	...	...	...	25	27
Clearance Areas	...	...	...	...	...	...	...	69	71
For Report to Committee	...	...	...	...	...	...	...	23	31
Multiple occupation	...	...	...	...	...	...	...	1	2
Totals								191	203
<i>Represented to Committee</i>									
Section 9	...	...	...	...	...	...	...	—	—
Section 16	...	...	...	...	...	...	...	73	80
Section 18	...	...	...	...	...	...	...	27	40
Clearance Areas	...	...	...	...	...	...	...	13	6
Reported to Committee as unfit	...	...	...	...	...	...	...	16	16
Reported to Committee—in multiple occupation	...	...	...	...	...	...	...	1	2
<i>Orders made</i>									
Demolition Orders (Section 17, Housing Act, 1957)	...	...	...	...	...	...	...	10	6
Closing Orders—Whole House (Section 17, Housing Act, 1957)	...	...	...	...	...	...	...	52	54
Closing Orders—Whole House (Section 17, SS. 3, Housing Act, 1957)	...	...	...	...	...	...	...	—	—
Closing Orders—Underground Rooms and parts of buildings (Section 18, Housing Act, 1957)	...	...	...	...	...	...	...	24	25
Management Orders (Section 12, Housing Act, 1961)	...	...	...	...	...	...	...	—	1
Direction Orders (Section 19, Housing Act, 1961)	...	...	...	...	...	...	...	—	—
Undertakings not to use (Section 16, Housing Act, 1957)	...	...	...	...	...	...	...	6	2
Undertakings to demolish—Housing Act, 1957	...	...	...	...	...	...	...	6	2
Demolition Order substituted for a Closing Order (Section 28, Housing Act, 1957)	...	...	...	...	...	...	...	1	—
<i>Houses repaired</i>									
Section 9—informal	...	...	...	...	...	...	...	—	—
Section 9—formal	...	...	...	...	...	...	...	—	—
Section 9—formal by Corporation in default	...	...	...	...	...	...	...	—	—
Undertakings to repair	...	...	...	...	...	...	...	4	3
Undertakings not to use, cancelled after repair	...	...	...	...	...	...	...	—	3
Other repairs	...	...	...	...	...	...	...	—	—
Closing Orders determined after repair—whole building	...	...	...	...	...	...	...	28	32
Closing Orders determined after repair—part building	...	...	...	...	...	...	...	9	18
Demolition Orders revoked	...	...	...	...	...	...	...	—	—

TABLE 9

RENT ACT, 1957

Applications for certificates of disrepair	...	2
Refusals to issue certificates of disrepair	...	—
Certificates of disrepair issued—Full	...	2
Certificates of disrepair issued—Part	...	—
Undertakings given by landlords—Accepted	...	—
Undertakings given by landlords—Refused	...	—
Certificates of disrepair cancelled	...	1
Certificates as to remedying of defects	...	—
Refusal to cancel certificates of disrepair	...	—

TABLE 10

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

(Summary of food premises subject to the Regulations grouped in categories of trade carried on in them)

<i>Trade</i>	<i>Number of Premises</i>	<i>Premises fitted to comply with Reg. 16</i>	<i>Premises to which Reg. 19 applies</i>	<i>Premises fitted to comply with Reg. 19</i>
Restaurants and cafes ...	324	323	324	324
Public Houses ...	447	443	444	442
Hotels—Boarding houses ...	105	105	105	105
Clubs—places of entertainment ...	68	65	64	65
Fried fish shops ...	101	101	101	101
Wet fish shops ...	59	59	59	59
Grocers ...	805	804	724	747
Greengrocers ...	252	252	212	221
Supermarkets ...	77	77	77	77
Factory canteens ...	168	167	154	154
Wholesale food premises ...	88	88	54	57
Chemists ...	131	131	—	—
School canteens ...	150	150	150	150
Flour and sugar confectionery ...	690	690	599	607
Bakers ...	45	45	19	19
Butchers ...	296	291	291	291
Dairies (processing) ...	9	9	9	9
Ice-cream manufacturers ...	7	7	7	7
Meat Products manufacturers ...	14	14	14	14
Other manufacturers (shell fish, etc.) ...	8	8	8	8

TABLE 11

SUMMARY OF TOTAL FOOD CONDEMNED

	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>	<i>Cans</i>
Meat and offal ...	130	4	2	12	
Meat (canned) ...	10	14	2	3	6,977
Fish ...	3	14	0	5	
Fish (canned) ...		15	3	12	2,732
Poultry ...		15	1	15	
Fruit and vegetables ...	117	3	0	26	
Fruit and vegetables (canned) ...	24	0	2	17	35,126
Fruit (dried) ...	1	16	1	8	
Other foods ...	48	8	2	13	
Other foods (canned) ...	2	11	0	5	5,099
Total ...	340	4	1	4	49,934

+ 190 tons of unclassified food damaged by flooding 10th/11th July.

TABLE 12
TOTAL ANIMALS SLAUGHTERED

			1967	1968	Percentage
Cattle	...	...	15,732	15,091	— 4·07
Calves	...	...	1,869	1,032	— 44·78
Sheep	...	...	36,138	42,861	+ 18·60
Pigs	...	...	16,043	17,469	+ 8·89
Pigs (Bacon Factory)	...	...	14,113	18,509	+ 31·14
Goats	...	...	3	7	+133·33
Totals	...	...	83,898	94,969	+ 13·20

TABLE 13
TUBERCULOSIS—CARCASSES—ORGANS REJECTED

			Number slaughtered	Totally rejected	Part carcase rejected	Any organ or part	Percentage
English Cattle	...	...	14,676	Nil.	Nil.	Nil.	— —
Irish Cattle	...	...	415	Nil.	Nil.	Nil.	— —
Calves	...	...	1,032	Nil.	Nil.	Nil.	— —
Total	...	...	16,123	Nil.	Nil.	Nil.	— —

TABLE 14
SAMPLES OF MEAT AND OFFAL FROM PET SHOPS

(a) <i>Horse Flesh</i>			Number	Salmonellae	Percentage
Sample of					
Meat	...	...	20	3	15·03
Liver	...	...	24	1	4·17
Heart	...	...	10	—	—
Kidney	...	...	—	—	—
Totals	...	...	54	4	7·41
(b) <i>Knacker Meat</i>					
Meat	...	...	51	7	13·73
Liver	...	...	40	5	12·50
Heart	...	...	9	4	33·33
Kidney	...	...	6	—	—
Tongue	...	...	3	—	—
Totals	...	...	109	15	13·76
(c) <i>Kangaroo Meat</i>	...	...	40	15	37·50
Processed Meat	...	...	1	—	—
Totals	...	...	41	15	36·58
(d) <i>Miscellaneous Samples</i>					
Pig Mesenteric Glands			465	14	3·01
Pig Caecal Contents ..			69	2	2·90
Totals	...	...	534	16	2·99

TABLE 15

SAMPLES OF MEAT AND OFFAL FROM BUTCHERS' SHOPS/MEAT DEPOTS

<i>Origin</i>					<i>Butchers' Shops and Meat Depots</i>	<i>Salmonellae</i>	<i>Percentage</i>
English	...	...	...	...	55	—	—
Irish	...	...	...	...	19	—	—
Argentine	...	...	...	...	7	—	—
Yugoslavia	...	...	...	...	5	—	—
Uruguay	...	...	...	...	4	—	—
Minced Beef	...	...	...	...	26	—	—
Pork ..	...	...	...	...	67	—	—
Veal ..	...	...	...	...	6	—	—
Lamb ..	...	...	...	...	9	—	—
Total					198	—	—
Sewer swabs from slaughterhouses—							
number submitted	...	...	...	...	96	b	6.25
Samples of bedding from cattle lairs—							
number submitted	...	...	...	...	51	1	1.96

TABLE 16

PIG AND POULTRY KEEPERS

<i>Number</i>		<i>Use</i>	<i>Licensed to boil swill</i>		<i>Visits</i>	
<i>1967</i>	<i>1968</i>		<i>1967</i>	<i>1968</i>	<i>1967</i>	<i>1968</i>
10	9	Keeping pigs only ...	10	9	—	—
26	25	Keeping pigs and poultry	21	21	—	—
19	20	Keeping poultry only ...	3	3	—	—
55	54	Totals ...	34	33	329	523

TABLE 17

SAMPLING OF KNACKER MEAT AND OFFAL FROM PET SHOPS
FOR FIVE YEARS 1964/68

<i>Year</i>	<i>No. of Samples</i>	<i>Positive Salmonellae</i>	<i>Percentage</i>
1964	136	18	13.23
1965	145	40	27.58
1966	102	16	15.69
1967	93	45	48.39
1968	204	34	16.66
Totals	680	153	22.5

TABLE 18

PUBLIC ABATTOIR AND BACON FACTORY

CARCASSES AND PART-CARCASES—MEAT AND OFFAL CONDEMNED

A.—CARCASSES AND PART CARCASSES		Cows		Steers and Heifers		Calves		Sheep		Pigs	
Disease or condition		Carcases	Part Carcases	Carcases	Part Carcases	Carcases	Part Carcases	Carcases	Part Carcases	Carcases	Part Carcases
Abscess ...	...	—	—	—	1	—	—	—	3	6	163
Anaemia ...	...	—	—	—	—	—	—	1	—	—	—
Arthritis ...	...	—	—	—	—	—	—	—	—	—	20
Bruising/Fractures ...	...	—	4	—	6	—	—	—	2	1	42
Emaciation/Oedema ...	...	1	—	—	—	—	—	85	—	2	—
Immaturity ...	...	—	—	—	—	2	—	—	—	—	—
Jaundice ...	...	—	—	—	—	1	—	1	—	5	—
Malignant Neoplasms ...	...	—	—	—	—	—	—	1	—	2	—
Melanosis ...	...	—	—	—	1	—	—	—	—	—	—
Metritis (Acute Septic) .	...	1	—	—	—	—	—	—	—	—	—
Moribund ...	...	—	—	—	—	—	—	2	—	—	—
Oedema ...	...	—	—	—	—	—	—	—	—	29	—
Pericarditis (Acute Septic)	...	—	—	—	—	—	—	—	—	2	—
Peritonitis (Acute Septic)	...	1	—	—	—	—	—	—	—	1	—
Pleurisy and Peritonitis	...	1	—	1	—	—	—	8	—	4	—
Pleurisy (Acute Septic)	...	—	—	—	—	—	—	3	—	44	—
Pleurisy ...	...	—	—	—	—	—	—	5	—	6	—
Pig Erythema ...	...	—	—	—	—	—	—	—	2	—	53
Pneumonia (Acute Septic)	...	—	—	—	—	—	—	—	—	—	130
Pyæmia ...	...	—	—	—	—	—	—	—	—	1	—
Pyelonephritis ...	...	1	—	—	—	—	—	1	—	3	—
Septicaemia ...	...	7	—	—	—	—	—	—	—	—	—
Septic Mastitis ...	...	1	—	3	—	6	—	6	—	19	—
Swine Erysipelas ...	...	—	—	—	—	—	—	1	—	—	—
Umbilical Pyæmia ...	...	—	—	—	—	13	—	—	—	2	—
Uræmia ...	...	—	—	—	—	—	—	1	—	—	—
Urticaria ...	...	—	—	—	—	—	—	—	—	1	—
TOTALS	...	13	4	4	8	22	115	7	128	413	5
GRAND TOTAL	...	13	4	4	8	22	115	7	128	413	—
Cysticercus Bovis . .	...	—	—	22	—	—	—	—	—	—	—

1968

1967

B.—MEAT AND OFFAL		Tons		Cwts.		Qrs.		Lbs.		Tons		Cwts.		Qrs.		Lbs.	
Public Abattoir—Carcase	Meat	9	3	14	1	1	8	9	19	9	19	9	19	0	1	1	1
Public Abattoir—Carcase	Offal	89	14	13	1	1	27	77	11	77	11	11	11	2	11	11	11
Bacon Factory—Carcase	Meat	6	13	2	1	1	9	5	14	5	14	5	14	3	8	8	8
Bacon Factory—Carcase	Offal	16	2	2	1	1	5	12	8	12	8	8	8	1	3	3	3
Total	...	121	13	13	1	1	21	105	13	105	13	13	13	2	23	23	23

TABLE 19

SAMPLES SUBMITTED TO THE PUBLIC ANALYST

	<i>F</i>	<i>I</i>	<i>Samples</i>	<i>Unsatisfactory</i>
Milk	101	675	776	6
Ice-cream	—	128	128	—
Other foods	27	1,559	1,586	30
Medicines and drugs ..	—	120	120	6
Rag flock	—	54	54	—
Fertilisers and feeding stuffs ..	17	305	322	35
Water—baths	—	—	134	2
—others	—	—	30	1
Pharmacy and poisons	—	16	16	1
Miscellaneous	—	179	179	72
Totals ...			3,435	153

TABLE 20

SAMPLES SUBMITTED TO THE BACTERIOLOGICAL LABORATORY

	<i>Samples</i>	<i>Unsatisfactory</i>
Milk—T.B. examination and brucella abortus ...	72	2
Pasteurised	528	13
Sterilised	35	—
Untreated	130	4
Ultra heat treated	13	—
Schools	102	—
Plant tests	91	2
Churn and bottle tests	801	127
Shellfish	43	17
Water	255	3
Ice-cream	160	33
Miscellaneous	109	3
Totals ...	2,339	204

TABLE 21

SUMMARY OF BIOLOGICAL EXAMINATIONS OF MILK
FOR BRUCELLOSIS AND TUBERCULOSIS

<i>Year</i>	<i>No. of samples found to be infected with Brucellosis</i>	<i>Tuberculosis</i>
1962}		
1966}	14 from 9 producers	Nil
1967	Nil	Nil
1968	2 from 2 producers	Nil

TABLE 22

REGISTRATIONS

Under Section 16, Food and Drugs Act 1955

The manufacture of Ice-cream	13
The storage and sale of Ice-cream	1,420
The preparation or manufacture of sausages or potted, pressed, pickled or preserved foods	329

Under the Milk and Dairies Regulations 1959

Dairies	47
Distributors	502

Under the Rag Flock and other Filling Materials Act 1951

Registered to use filling materials	13
Licensed to store rag flock	3

Under the Pharmacy and Poisons Act 1933

Listed sellers of Part II poisons	336
--	-----

TABLE 23

QUINQUENNIAL LICENCES UNDER THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1963

	<i>as at</i> 31.12.67	<i>1966-70</i> <i>as at</i> 31.12.68
To process pasteurised milk	9	9
To sell pasteurised milk	470	531
To process sterilised milk	2	2
To sell sterilised milk	495	550
To sell untreated milk	13	21
To sell ultra heat treated milk	3	15

TABLE 24

FOOD COMPLAINTS INVESTIGATED

Commodity	FOREIGN BODIES											Mould, etc.	Dirt, etc.	Incorrect Labelling/ Misrepresentation	Abnormal smell/taste/ colour	Others	GRAND TOTALS
	Glass	Metal	Insects	Personal Items	Building Materials	Transit/ Packing Materials	Others	Not true Foreign Bodies	TOTAL FOREIGN BODIES								
General foods ...	1	5	19	1	—	1	3	8	38	6	1	5	45	1	96		
General canned foods ...	—	1	8	2	—	—	4	3	18	6	—	—	13	1	38		
Drinks (inc. ice-cream) ...	2	—	2	1	1	—	2	1	9	2	3	1	14	1	30		
Milk ...	4	—	—	1	1	—	5	1	12	3	6	—	4	—	25		
Bread ...	2	6	4	3	2	7	1	21	46	20	1	1	1	1	70		
Confectionery (excl. meat products)	1	2	2	2	—	2	3	4	16	12	—	—	5	—	33		
Meat and meat products ...	—	5	5	2	—	—	4	5	21	20	—	1	20	—	62		
Canned meats ...	—	3	1	—	—	1	—	2	7	—	—	—	14	—	21		
Fertilisers and feeding stuffs ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Others—pharmacy and poisons, medicines and drugs, rag flock, etc.	—	—	1	—	—	—	—	—	1	—	1	—	2	4	8		
TOTALS ...	10	22	42	12	4	11	22	45	168	69	12	8	118	8	383		

TABLE 25

RAT DESTRUCTION AND DISINFESTATION

Total number of complaints received during the year :

Rats 2364

Mice 1223

Complaints not finally dealt with by 31st December, 1967 : 104.

<i>Analysis of above complaints:</i>	<i>Business Premises</i>	<i>Dwelling Houses</i>	<i>Local Authority Premises</i>	<i>Total</i>
No action required following inspection ...	60	300	22	382
Cleared by department	921	1495	418	2834
Cleared by occupier	50	250	2	302
Not finally dealt with (carry forward to 1969)	60	92	21	173
Totals ...	1091	2137	463	3691

Visits and revisits for all purposes:

In respect of notifications under Part 1, Sec. 2, Prevention of Damage by Pests Act, 1949 12,197

Routine inspections:

Ship inspections—Avonmouth (visits and revisits) ...	1,714
Avonmouth Dock	3,179
Portishead Dock	13
City Docks	720
City Airport	3
River/Canal Bank	129
Waste Ground, vacant sites, etc.	603
Business premises (building sites, etc.)	132
Wasp nest destruction	329
Miscellaneous visits	990
Sewer treatment programme	35,218
Total ...	55,227

PIGEON CONTROL (from October, 1968)

No. of complaints received	26
No. of visits made	427

TABLE 26

DISINFECTION

Disinfection, Drain Tests, etc.

Total number of premises visited for all purposes including disinfection and disinfection

Articles disinfected	22,899
Articles disinfested	60,299
Articles destroyed	2,700
Articles destroyed	7,219
Vermin repression—spraying (visits)	468
Cleansing of verminous persons (baths)	105
Scabies Baths	10
Disinfections for Hospitals and Nursing Homes	26
Disinfecting jobs outside the Bristol area	11
Public library books collected and disinfected	—
Private library books collected and disinfected	14
Foodstuffs, etc., collected and destroyed—	
No. of cans	43,554
Other foodstuffs (lbs.)	23,807
Premises visited	346
Drain tests	46
Soiled linen service visits	20,649
(articles collected, laundered and returned)	47,189
Other work (visits or journeys unclassified)	7,079
Total vehicle mileage for all purposes	42,588

TABLE 27
ATMOSPHERIC POLLUTION—SMOKE CONTROL ORDERS

SMOKE CONTROL ORDERS	Domestic					Commercial		Industrial	Other	Total	Acreage of Area	Date Order Made	Date Order Confirmed	Date Order in Operation
	No. 1	...	315	1,053	109	33	1,510	220	9.12.58	24. 3.59	1.10.59			
	No. 2	...	113	79	34	12	238	50	24. 5.60	9. 9.60	1. 9.61			
	No. 3	...	438	582	18	39	1,077	100	24. 5.60	9. 9.60	1. 9.61			
	No. 4	...	632	113	12	10	767	100	24. 5.60	9. 9.60	1. 9.61			
	No. 5	...	27	15	1	5	48	15	24. 5.60	9. 9.60	1. 9.61			
	No. 6	...	10,625	149	27	31	10,832	3,000	13. 9.60	11. 5.61	1. 9.62			
	No. 7	...	3,523	81	5	24	3,633	1,580	11.12.62	16. 7.63	1.10.64			
	No. 8	...	8,276	177	17	75	8,545	2,150	23. 5.67	18. 4.68	1.10.70			

TABLE 28

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963
(Registration—General Inspections)

Number of premises registered during the year	...	...	511
Total number of registered premises at the end of the year			8,546
Number of registered premises receiving an inspection during the year	...	...	964

TABLE 29

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963
(Number of visits of all kinds by inspectors to registered premises)

Offices	...	...	...	...	...	...	228
Retail shops	...	...	...	...	...	...	513
Wholesale shops and warehouses	...	...	...	...	...	...	174
Catering establishments and canteens	...	...	...	...	...	...	48
Fuel storage depots	...	...	...	...	...	...	1
Other visits L.A. Circ. 5. Para. 7	...	...	...	...	...	...	5,165
Total							<hr/> 6,129 <hr/>

TABLE 30

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963
(Analysis of persons employed by workplace)

Offices	...	...	...	...	...	...	44,083
Retail shops	...	...	...	...	...	...	21,145
Wholesale departments, warehouses	...	...	...	...	...	...	6,442
Catering establishments open to the public	...	...	...	...	...	...	5 558
Canteens	...	...	...	...	...	...	659
Fuel storage depots	...	...	...	...	...	...	102
Total							<hr/> 77,989 <hr/>

TABLE 31

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963
(Exemptions)

Total number of exemptions granted	2
------------------------------------	-----	-----	-----	---

TABLE 32

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963
(Prosecutions instituted of which the hearings were completed in 1968)

<i>Section Nos.</i>	<i>No. of informations laid</i>	<i>No. of informations leading to a Conviction</i>
4	5	3
5	1	1
6	2	—
7	2	—
9	13	1
10	8	1
15	1	1
16	7	1
18	1	1
50	1	—
53	1	1
	42	10

No. of persons or Companies prosecuted ...	...	...	21
No. of Complaints under Section 22 ...	...	...	Nil
Interim Orders granted ...	...	...	Nil

TABLE 33

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963
(ACCIDENT REPORTS)

Total No. of accidents reported to the local authority	162
--	-----	-----

TABLE 34

SHOPS ACTS, 1950/65

<i>Visits</i>	Retail	...	...	...	...	...	777
	Wholesale	...	...	...	...	...	2
<i>Revisits</i>	Retail	...	...	...	...	...	616
	Wholesale	...	...	...	...	...	3
<i>Infringements</i>	Failure to exhibit notices	...	...	...	...	...	266
	Closing hours	...	...	...	...	...	30
	Sunday employment	...	...	...	...	...	3
	Half holiday	...	...	...	...	...	3
	Hours of young persons ..	...	...	...	...	...	1
	Meal intervals	...	...	...	...	...	6
<i>Verbal warnings</i>	...	...	...	...	...	...	409
<i>Warning letters</i>	...	...	...	...	...	...	1
<i>Legal proceedings</i>	summonses	...	...	...	...	...	3
	(in respect of) Cases	...	...	...	...	...	70

SUNDAY ENTERTAINMENT ACT—CINEMAS

<i>Visits</i>	...	...	...	...	...	...	5
<i>Revisits</i>	...	...	...	...	...	...	—
<i>Infringements</i>	holidays	..	...	...	...	...	—
	records	...	...	...	...	...	—
<i>Verbal warnings</i>	...	...	...	...	...	...	—

YOUNG PERSONS (EMPLOYMENT) ACT, 1938

<i>Visits</i>	...	...	...	...	...	...	4
<i>Revisits</i>	...	...	...	...	...	...	—
<i>Infringements</i>	Notices	...	...	...	...	...	—
	Sunday employment	...	...	...	...	...	—
	Half holiday	...	...	...	...	...	—
	Hours	...	...	...	...	...	—
	Meal intervals	...	...	...	...	...	—
	Night employment	...	...	...	...	...	—
<i>Verbal warnings</i>	...	...	...	...	...	...	—

Time worked outside of office hours and observation patrols by shops inspectors:

Evenings	...	...	...	...	...	21 hrs.	35 mins.
Sundays	...	...	...	...	...	29 hrs.	50 mins.
Wednesday (p.m.)	...	...	...	...	...	70 hrs.	5 mins.
Saturdays (p.m.)	...	...	...	...	...	5 hrs.	30 mins.

THE REPORT OF THE SCIENTIFIC ADVISER AND OFFICIAL AGRICULTURAL ANALYST FOR THE CITY AND COUNTY OF BRISTOL FOR THE YEAR 1968

Incorporating the work on behalf of the County of Gloucester and the City of Gloucester

E. G. Whittle, B.Sc.(London), M.Chem.A., F.R.I.C.

INTRODUCTION

This report is the ninth since the return of the Department to full Corporation control in 1960 and my twenty-second since appointment as Public Analyst in 1947.

The overall number of examinations was 11,768 including smoke recordings. The "true" sampling figure was 10,745 which compares with range of 9,784 (1963) to 10,974 (1964). The 1967 figure was 10,765. These figures certainly reflect a stability in the number of samples but give no appreciation of the increasing complexity of examinations which have to be made with each succeeding year. The following trends are noteworthy.

The Food and Drugs sampling of the City and the County has noticeably increased in each case by some 400 and 250 respectively. Water sampling is notably up for the County. Feeding Stuffs sampling has risen by 60 for the City and Miscellaneous examinations for the City are up also by 300. The Toys (Safety) Regulations have resulted in a total of 169 examinations.

Sampling for pesticides has been well maintained and the full second year's quota for the National Survey was duly provided by the three authorities which we serve. The work covered in the first year's Survey appeared in December as an interim report from the County Council's Association, the Association of Municipal Corporations, the Urban Districts Association and the Association of Public Analysts. The second year's work is being similarly collated and it is hoped that a continuing investigation will be possible to concentrate attention on those foods worthy of further study as a result of the work already completed and to keep watch on newer pesticides. These studies will be linked with a continuing search for trace metals notably mercury in such foods as eggs and tomatoes.

Further changes seem imminent in the occupation of Canynge Hall. The University Department of Public Health moved into the refurbished ground floor early in the year. The Public Health Laboratory Service under Dr. Cayton began their move to new laboratories opposite the Children's Hospital on St. Michael's Hill. Their departure has caused some confusion and prompts me to remark to all our contacts that the laboratories of the Scientific Adviser will remain in Canynge Hall and that certainly no immediate move is contemplated for this service, although we hope to take the opportunity to acquire further space on the third floor of this building. The need for further expansion arises from increased pesticide work; further GLC and Infra Red developments with drug work; increased work in connection with Consumer Protection legislation and as yet to unpredictable requests for examinations under the Trade Descriptions Act.

Work under the Fertiliser and Feeding Stuffs Regulations 1968 has already been considerably extended to include added trace metals, coccidiostats and anti-blackhead remedies. It is anticipated that if vitamin additions are made to feeding stuffs then a microbiological unit will become an essential part of the laboratory service.

An interesting development during the latter part of the year related to petrols. The Weights and Measures authorities have had considerable trouble in the despatch of petrol samples for octane rating tests and the laboratory has developed an infra red technique which has resulted in characterising the fuel and consequently only the really dubious samples need to be sent for octane testing.

I am very pleased to report that I was honoured with the appointment as President of the Association of Public Analysts in May. This office continues for two years and I hope that the Annual General Meeting of the Association of Public Analysts will be held in Bristol in May 1969 and plans are well in hand and will include a Civic Reception, lectures and visits to places of local interest. I feel that this honour, in part at least, recognises the part the Bristol laboratory and its staff have played over the years in the field of Public Analysts' activities. I am also delighted to report that this laboratory has two full members of the Association whilst a further nine senior staff have been accepted as Associate members. This must indeed be something of a record for any of the country's laboratories.

SUMMARY OF SAMPLES EXAMINED DURING THE YEAR ENDED 31st DECEMBER, 1968, FOR THE CITY AND COUNTY OF BRISTOL, THE COUNTY OF GLOUCESTER AND THE CITY OF GLOUCESTER

	<i>Bristol</i>	<i>Gloucester County</i>	<i>Gloucester City</i>
Milk	780	1,342	37
Food and Drugs	1,497	1,007	184
Waters, Swimming Baths and effluents	210	115	6
Fertilisers and Feeding Stuffs	—	317	32
City	17	—	—
Avonmouth	305	—	—
Miscellaneous	842	98	3
Port Health—City	208	—	—
Avonmouth	631	—	—
Rag Flock Act	54	—	—
District Health Inspectors' Samples	22	—	—
Pharmacy and Poisons Act	16	3	—
Air Pollution—Lead Peroxide	59	24	12
Deposit Gauges	68	22	12
Smoke Recording City	528	—	—
Spectrographic Analyses	993	129	12
Gas Chromatography Examinations	360	359	169
Chlorination	350	123	27
Merchandise Marks Act	—	8	1
National Pesticide Scheme	22	28	3
Toys (Safety) Regulations 1967	43	125	1
Special Survey for Thornbury R.D.C.	—	99	—
Smoke Recordings Miscellaneous	495	—	—
	<u>7,480</u>	<u>3,789</u>	<u>499</u>
	Grand Total 11,768		

FOOD AND DRUGS ACT

NEW LEGISLATION, REPORTS AND RECOMMENDATIONS

The Fish and Meat Spreadable Products Regulations 1968 will become operative in March 1971. The Regulations will supersede the two Orders on Fish Paste and Meat Paste which have operated since 1951. Requirements are made in respect of description, composition, labelling and advertisement of meat and fish pastes. Compositionally, the important change is to raise the meat content to 70 per cent (now 55 per cent) that is to the existing level of the fish content in a fish paste.

The Poisons (No. 2) Rules 1968 came into operation in December 1968. This is a comprehensive document which now covers such matters as oral contraceptives, storage of poisons in family planning clinics, amendments to the Poisons List, special provisions regarding colchicum alkaloids and sheep dips containing chlorfenvinphos. The list of poisons to be sold only on prescription will now include alkaloids of colchicum aerosol dispensers containing adrenaline. Chloral for the indoor destruction of rats and mice will be excluded.

The Food Additives and Contaminants Committee issued two reports on the use of Azodicarbonamide as a flour improver. The Committee concluded that there would be no hazard to health in the use of azocarbonamide up to 25 parts per million of the treated flour. However the immediate need for it has not been established and the matter will be reconsidered when the Bread and Flour Regulations 1963 are reviewed.

Their second report concerned further classes of Food Additives not previously considered by the Committee. It is recommended that permitted lists should be established for acids, bitters, bases, humectants, sequestrants, propellents, glazing, anti-foaming, anti-caking and firming or crisping agents. Specifications of purity should be laid down for permitted substances. The report will need much detailed consideration and representations have to be made by 28th February, 1969. One comment only need be made here and that it is to be hoped that there will be no unnecessary proliferation of substances which might be added to foods.

The Food Standards Committee issued several reports and carried out two reviews.

The Report on Soups is the culmination of several years work. Recommendations are made relating to composition of Canned Soups and Soup Mixes. The latter name is intended to be the

appropriate designation for powdered soups. Meat is defined and includes its equivalent of dehydrated meat. Standards are proposed for poultry and game soups but no regulations will be made for clear meat soups or broths, except Scotch Broth. Butterfat contents are prescribed for soups and mixes described as "cream of" or "creamed" and the description "cream" is also considered. Tomato soups must have at least 3 per cent of tomato solids and tomato soup mix, not less than 2 per cent of tomato solids. Condensed soups are those which require dilution to at least double the volume and finally unambiguous dilution instructions should appear on labels of all soups and soup mixes and their ingredients must be declared.

Vitamin claims in Part I of the schedule on Claims and Misleading Descriptions have been further considered. Thus folic acid is deleted and eventually Vitamin A and biologically active carotenoids and Vitamin D will be expressed in weight units although for the time being international unit declarations will also be permitted. For carotenoids the figure 0.6 micrograms of beta carotene is retained. Carbohydrate is defined also and factors for determining calorific values are laid down as :—

One gram of carbohydrate	...	...	...	3.75 calories
with 4 calories as a possible alternative				
One gram of glycitol	...	...	...	3.75 calories
One gram of protein	...	...	...	4 calories
One gram of alcohol	...	...	...	7 calories
One gram of fat	...	...	...	9 calories

I was privileged to represent the Association of Public Analysts on several Ministry discussion groups notably on labelling of food and on vinegar. It would appear that vinegar will be dealt with by way of a statutory instrument and will take note of alternative enzyme systems to the diastase of malt. Such vinegars will require alternative names such as possibly "Grain Vinegar".

The Food Standards Committee also propose to review some seven Orders made prior to 1955 covering baking powder, tomato ketchup, mustard, edible gelatine, fish cakes, curry powder and suet. I feel all seven should be re-enacted in the light of modern circumstances. In particular any reconsideration of fish cakes should include fish fingers and similar articles.

The Food Standards Committee Report on Cream includes some new proposals for standards for clotted cream at not less than 55 per cent fat, double cream remaining at 48 per cent minimum, whipping cream and whipped cream are now included at not less than 35 per cent. Sterilised cream remains at 23 per cent and cream or single cream at a minimum of 18 per cent. Sterilised half cream and half cream must contain not less than 10 per cent fat. Designations, definitions and permitted ingredients are also defined.

Another important review by the Food Standards Committee covers three very important subjects—The Bread and Flour Regulations 1963 and The Food Standards (Self Raising) Flour Order 1946 and the controversial problems of flour confectionery and biscuits. Interested parties are required to comment by 31st March 1969.

Long drawn out negotiations for a Code of Practice on marzipan seem likely to reach finality shortly. Marzipan includes almond paste and almond icing which shall contain not less than 23.5 per cent of dry almond substance and no other nut ingredient. Not less than 75 per cent of the remainder shall be solid carbohydrate sweetening matter. The Code, however, specifically excludes cake decorations, articles weighing less than three ounces, composite chocolate and confectionery articles weighing less than 1 ounce and bars or blocks coated with chocolate or sugar confectionery which, excluding the coating, do not exceed 4 ounces in weight.

The Food Standards Committee reviewed the Condensed Milk Regulations 1959 and classified the designations under which condensed milk may be sold, required partly skimmed and skimmed milks to be labelled as "not to be used for babies" and prescribed standards for full cream and half cream milk.

Finally, the Medicines Bill received its second reading in February. The Association of Public Analysts were much concerned with the implications of this Bill and tried without much success to secure several amendments. Timing of the readings of the Bill caused much frustration.

FOOD AND DRUGS ACT, 1955

The adulterated rate for the year for the City only was :—

Total number of samples	...	...	2,277
Ordinary Milk	...	...	1.08 per cent
Channel Islands Milk	...	...	Nil
Foods	...	...	2.05 per cent
Drugs	...	...	3.40 per cent
Total	...	...	1.75 per cent

SUMMARY OF MILK ANALYSES—BRISTOL (ONLY)

Total Milks (ordinary and Channel Island) ...	780
Fat deficient (ordinary)	1
Added water (ordinary)	6
Abnormal NFS	3
Poor Quality—Fat just less than 3 per cent ...	Nil
Channel Islands (satisfactory)	131
Channel Islands (unsatisfactory)	Nil

This is a very satisfactory situation with only seven adulterated milks during the year. Further, the 131 Channel Islands milks all contained the requisite minimum of 4 per cent of milk fat and 71 School milks were of good quality in respect of fat and solids not fat with one exception, X.95 with 7 per cent of added water.

ADULTERATED SAMPLES OTHER THAN MILK

VD.29	Table Jelly	Informal	Contained Blue VRS, a non-permitted colour
WD.39	Limeade	"	Contained an excess of benzoic acid, 225 p.p.m. instead of the maximum of 160 p.p.m.
WD.65	Milk Bread	"	No evidence of lactose, hence not a milk bread
WD.135	Food Colour	"	Contained Blue VRS, a non-permitted food colour
VD.180	Green Colouring	"	Contained Blue VRS
VD.291	Blue Colouring	"	Contained Blue VRS
VD.300	Apple Green Colouring	"	Contained Blue VRS
VD.350	Blue Colouring	"	Contained Blue VRS
XD.160	Apple Green Colouring	"	Contained Blue VRS
YD.53	Ammoniated Tincture of Quinine	"	9 per cent excess of quinine and 68 per cent deficient in ammonia
YD.55	Ammoniated Tincture of Quinine	"	11.7 per cent deficient in ammonia
YD.60	Ammoniated Tincture of Quinine	"	13 per cent excess of quinine and 47 per cent deficient in ammonia
WD.396	Limeade	"	90 p.p.m. excess of benzoic acid
WD.525	Blue Colouring	"	Contained Blue VRS
WD.526	Green Colouring	"	Contained Blue VRS and naphthol yellow
XD.170	Green Colouring	"	Contained Blue VRS
YD.69	Ammoniated Tincture of Quinine	"	28 per cent deficient in ammonia
ZD.111	Energy Bar	Formal	26 per cent deficient in protein
VD.417	Buttered Buns	Informal	The fat in this sample was entirely margarine
VD.436	Violet Colour	"	Contained Blue VRS
VD.448	Meat Pies	"	41 per cent deficient in meat
XD.263	Ginger Beer	"	Small excess of saccharin
YD.89	Tincture of Quinine	"	34 per cent deficient in ammonia
ZD.146	Apple Green Colour	"	Contained Blue VRS
ZD.157	Liquid Egg	"	Failed the alpha amylase test
ZD.158	Liquid Egg	"	Failed the alpha amylase test
ZD.214	Liquid Egg	Formal	Failed the alpha amylase test
ZD.222	Liquid Egg	Informal	Failed the alpha amylase test
ZD.223	Liquid Egg	"	Failed the alpha amylase test
ZD.247	Cooked Hamburger Pie	"	$\frac{1}{4}$ ounce deficient in meat
ZD.248	Cooked Beefburger Pie	"	$\frac{1}{4}$ ounce deficient in meat
ZD.226	Liquid Egg	Formal	Failed the alpha amylase test
ZD.296	Apple Green Colour	Informal	Contained Blue VRS

COMMENT ON OTHER FOOD AND DRUGS SAMPLES

Comments here are confined to a selection of the more intriguing and interesting items culled from the quarterly reports.

V.D.6, Okra in Tomato. This product ex Israel was a cucumber-like vegetable in a tomato sauce.

VD. 26, Pork Sausage. This product contained 65 per cent of meat but 40 per cent was fat and 25 per cent lean. The new regulations will require a maximum of 32.5 per cent fat.

VD.80, Polony. This article contained only 40 per cent of meat. The proposed minimum is 65 per cent.

VD.58 and 59, Bread with printed wrappers. Chemical tests indicated little prospect of the colourings in the wrapper being transported to the bread.

Eight samples of strained baby foods of vegetable and cereal contained nitrates in the range 7 to 16 p.p.m. as potassium nitrate.

XD.41, Dried Skim Milk Powder, had an acidity which would warrant early disposal.

YD.22, Cascara Sagrada B.P. Tablets contained 1.95 grains against 2 grains stated. The preparation was old stock and should have been labelled B.P. 1958 otherwise the current B.P. requires the cascara content to be expressed in milligrams.

ZD.29, Chocolate, had a distinctly soapy taste due to breakdown of the fatty acids, probably due to long storage.

ZD.42, Powdered Cloves contained a significant amount of arrowroot probably added accidentally in a school kitchen.

VD.283, Flaked Almonds, were in a stale condition with a soapy taste.

VD.294, Mincemeat, was in a state of fermentation.

ZD.75, Drinking Chocolate. No toxic metals which might have caused sickness and diarrhoea as alleged.

ZD.76, Oxtail Soup. No toxic metals which might have caused sickness and diarrhoea as alleged.

ZD.77, Coffee and Sugar. No toxic metals which might have caused sickness and diarrhoea as alleged.

WD.307, Salad Cream. Still carried declaration of potassium formate and probably old stock.

Several samples of wines and canned foods were examined for possible external contamination with sewage after the flooding in Bedminster. No evidence of such contamination was found. WD.419, Pork Sausages contained 65 per cent total meat but only 29 per cent of lean. See No. VD.26 above.

WD.481, Pork Sausages contained the surprising amount of 95 per cent of meat.

WD.522, Green food Colour, declared as containing orange G but tartrazine was found. Both colours are permitted.

YD.68, Glauber's Salt had effervesced severely due to long storage.

Several samples of cheese both English and Continental complied with the requirements of the Cheese Regulations 1965 with amendments in 1966.

Several samples of cream, clotted and double, single and sterilised complied with compositional requirements. A rum flavoured butter gave evidence of a small amount of alcoholic ingredient. With an article so designated, rum should be present. Two boxes of assorted chocolates sold at Sunday morning markets in the City were in a satisfactory condition and unlike a complaint sample similarly purchased, which was mouldy and unfit for consumption.

A school kitchen sample stated to be ginger was in fact a mixed spice.

A sample of a full cream Baby Food was as stated and without admixture with half cream powder as was found in a complaint sample M.916.

A sample of so called Super Halibut Liver Oil capsules had a potency of the B.P. article and hence did not warrant the description super. A sample of sea salt of only 70 per cent purity was intended for bath purposes rather than for use as a condiment.

Throughout the year several samples of beer and ale were examined for cobalt but without result.

FERTILISERS AND FEEDING STUFFS ACT

	<i>Formal</i>	<i>Informal</i>	<i>Comment</i>
Fertilisers (City)	17	—	3
Feeding Stuffs (Avonmouth) ...	305	—	33
	312	—	36

In respect of the fertilisers examined adverse comment was made on three samples, with high potash, low nitrogen and excess nitrogen respectively.

The 33 feeding stuffs requiring comment covered the following types of errors:—

16 samples had excess of oil
 7 " were low in oil
 6 " had excess of protein
 3 " were low in protein

One sample required comment in respect of its magnesium content.

The 1968 Regulations inevitably brought a significant increase in analytical work in the second half of the year. In addition to the normal requirements of oil, protein and fibre the following information was required:—

<i>Sample No.</i>	<i>Requirement</i>	<i>Declared p.p.m.</i>	<i>Found p.p.m.</i>
100	Copper	175	150
126	Urea		0·8 per cent
243	Metiolorpindol	125	98
245	Copper	175	125
246	Deccox	40	38
248	Copper	250	233
250	Dimetridazole	125	96
252	Copper	190	218
253	Copper	190	139
256	Urea	3 per cent	2·7 per cent
258	Copper	130	70
259	Urea	3 per cent	2·2 per cent
260	Copper	250	175
263	Methybenzoquate	10	
267	Dimetridazole	125	168
274	Copper	250	216
278	Copper	175	105
282	Urea	1 per cent	1·3 per cent
286	Deccox	40	45
288	Manganese	133	133
293	Amprolium	485	41
	Sulphaquinoxaline	38·0	29
	Ethopabate	3·5	2·5
298	Copper	200	123
305	Urea	3·5 per cent	4·1 per cent

The foregoing summary of additional requirements indicates that some 23 samples were involved since sample number 100 was taken. The implication is that for the period under review since 1st July 1968 some 10 per cent of samples submitted have required additional work often complex where new drugs are concerned.

WATERS AND SEWAGE ANALYSES

Bristol

City water from tap at Canynge Hall	...	...	12
City water from Pumping Station Jubilee Road	...	...	10
Mains Supplies	...	...	12
Ships in Port	...	...	2
Council House (Heating system)	...	...	8
Seepage waters	...	...	16
Streams	...	...	10
Miscellaneous	...	...	6
Swimming Baths	...	...	134
			<hr/> 210

There were two samples of mains water which received adverse comment, one with a high nitrate and a distinctly grassy odour and a second containing rust and other debris from a dead end main. 18 waters, six each in the first three quarters of the year were examined for lead after overnight standing in pipes. None had excessive lead contents.

Bristol Waterworks Supply

<i>Sampled at</i>	<i>Canynge Hall</i>	<i>Jubilee Road</i>
No. of samples ...	12	10
	<i>Range of variation (parts per million)</i>	
Total Solids ...	204-309	166-236
Chlorine as Chloride ...	14-16	16-19
Nitrate Nitrogen ...	0·85-3·12	0·91-6·11
Total Hardness ...	158-232	116-162
Permanent Hardness ...	36-55	45-69

Eight samples taken from City Clinics were examined for nitrates. None was found to be excessive.

FIELD SURVEY

The regular treatment and supervision of paddling pools and school swimming baths has continued as required during the season.

The hot water supply to the Callington Road Flats continued to be treated to inhibit corrosion. This project involved the use of the automatic chlorinator which is the property of the department for use for emergency purposes.

Work for the Port of Bristol Authority has included advice on the safety aspects of the storage of carbon tetrachloride in bulk tanks, and investigations into the treatment of mould growth on large quantity of fish meal stored in sheds.

In the Dock Estate area at Chittening, the surface finish of some cars was found to be damaged and almost certainly due to the acid content of the rainfall under certain conditions.

The Engineer of the Bristol Royal Infirmary requested help in tracing the cause of damp in the new School of Nursing lecture theatre.

The wide range of investigations carried out during the year for Gloucester County have included studies of the sewage mutrator trouble at H.M. Detention Centre; air pollution in the Severn Beach and Pilning area; a coal dust nuisance at Stonehouse; smell nuisance at a works processing scrap precious metals; trouble with roses grown in a garden at Wotton-Under-Edge and odour nuisance from sewage works both at Kingswood and at Cirencester.

The brickwork in a new store in the City of Gloucester was examined and it appeared that the trouble arose from some splashing of the brickwork with antidamp or similar solution, probably during building.

A school swimming pool water gave inconsistent test results and was found to have been grossly over chlorinated. It had been thought that the chlorinator had not been working properly when actually it was delivering more than the normal maximum dose.

The lathe installed in 1967 has been in continuous operation throughout the year with special and precision tasks for the redesigning and preparation of many new pieces in stainless steel. This has been part of a programme to improve the performance of the G.L.C. apparatus and the efforts are worthy of continuation.

RAG FLOCK ACT

54 samples of Rag Flock and allied products were examined in the first instance microscopically to ascertain the nature of the article and thence as required by the Regulations for the amount of chloride present. All samples were reported as satisfactory.

PHARMACY AND POISONS ACT

16 preparations were submitted and these were examined for composition and labelling with respect to the provisions of the Act. Several preparations of ammonia and caustic soda were of correct composition and adequately labelled as Part II poisons.

A toilet cleaner consisted of a hard block of detergent with methylene blue incorporated. The product was adequately labelled and was free from restriction on sale.

Several preparations such as general insecticide and ant killers with gammexane calomel dust, tomato mildew specific, wasp destroyer, oven cleaner and malathion dust all had active principles which were sufficiently harmless as to exclude them as Part II poisons. A Ready Pac preparation with 64 per cent formaldehyde was adequately labelled as a Part II poison. A domestic kettle descaler based on sulphuric acid was also free from restriction on sale. A solution of ammonia with 14 per cent w/v of ammonia was a Part II poison and was adequately labelled.

GAS LIQUID CHROMATOGRAPHY

As in previous years, most of the GLC work was concentrated on the survey of pesticides in fruits and vegetables for both organo-chlorine and organo-phosphorus insecticides, together with certain organo-chlorine fungicides.

Worldwide interest has now been shown in the results for 1966 and 1967 and this year the survey has been extended to include dairy products, meat and eggs. Despite this, there has been a drop in numbers of samples from 600 in 1967 to 393 in 1968.

Apple

An American sample contained 0.13 p.p.m. methoxychlor—an organochlorine insecticide not normally encountered.

Apricot

1.03 p.p.m. DDT was found in a sample taken at the Port of Bristol.

Carrots

Small amounts of dieldrin up to 0.01 p.p.m. were found in English-grown samples. It is probable that since no aldrin or dieldrin is now in use by growers, this insecticide has been taken up from the soil which still contains dieldrin which is known to be persistent.

Currants

Nearly every sample taken in the months January to March contained either γ BHC in the the range 0.1–1.0 p.p.m.

Lettuce

Nearly every sample taken in the months January to March contained either γ BHC or the fungicide PCNB. These were either English or Dutch grown. The highest concentrations recorded were 0.9 p.p.m. γ BHC and 3.42 p.p.m. PCNB. One lettuce sample also contained 0.09 p.p.m. aldrin.

Mushroom

One sample contained 1.64 p.p.m. DDT.

Other problems solved by GLC were as follows :—

A whisky sample, suspected of containing cannabis, was cleared.

The presence of lemon oil was confirmed in a sample of bun spice oil.

Examination of a blood sample for alcohol yielded 120 mgs. alcohol per 100 ml. blood. This was a sample taken from an individual who claimed he had not been drinking.

A rum butter was shown to contain one per cent of rum.

A sewage effluent was shown to contain a degreasing agent.

Following a complaint, 24 p.p.m. of paraffin was found in a sample of milk.

A sample of flour was found to contain fuel oil.

SPECTROGRAPHIC EXAMINATIONS

Spectrographic examinations for the last three years are compared in the table :—

	<i>Bristol City</i>	<i>Gloucester County</i>	<i>Gloucester City</i>
1966 ...	1,001	40	15
1967 ...	1,140	52	2
1968 ...	993	129	12

This represents a relative stabilised rate of sampling and testing although the County samples rose significantly in the last year to 129. For the City of Bristol the bulk of work is for the Port Health Office to clear primarily canned goods from all parts of the world for possible lead and tin contamination. Lead limits are laid down in the Lead in Food Regulations 1961 and the recommended maximum for tin is 250 p.p.m. Spectrographic techniques used since they were developed in 1952 enable us to detect and determine lead down to 0.5 p.p.m. and tin in the 5 to 10 p.p.m. range both adequate checks for rapid routine control.

Examinations of the paint films of toys were a prominent part of the section's work. All high lead figures are however, further checked chemically. Warnings have been issued in several instances and offending stocks of toys withdrawn from sale.

Samples of pickles from India were condemned for high lead content. Many of the cans were also badly blown.

A sample of "cure all" used by a Pakistani woman was found to contain mainly calcium, magnesium and iron salts.

Several glazes used by the Bristol College of Art were found to contain appreciable amounts of lead. Recommendations were made to prevent ingestion of lead when handling and spraying these glazes on to pottery.

The detection of food colourings is also part of the section's responsibility and several jellies were rejected when found to contain the now non-permitted Blue VRS colouring.

MISCELLANEOUS

1. City of Bristol general examinations ...	...	204
2. Toxicological & Biochemical examinations ...	...	143
3. Foreign bodies, insects and infestation ...	...	133
4. Gloucester County ...	...	98
5. Education Department ...	...	66

6.	City Engineer's Department	...	...	...	115
7.	Port of Bristol Authority	...	...	...	7
8.	Port Health	...	...	...	842
9.	Housing Department	...	...	...	1
10.	City Architect's Department	...	...	...	1
11.	District Inspectors' Samples	...	...	...	18
12.	Horticultural Officer	...	...	...	7
13.	Weights & Measures Dept.	...	...	...	43
14.	Baths Superintendent	...	...	...	4
15.	University of Bristol	...	...	...	1
16.	Public Health Laboratory Service	...	...	...	5
17.	Toys (Safety) Regulations	...	...	...	44
18.	Gloucester City	...	...	...	3
19.	Toys examination of Teddy Bears	...	...	...	7
20.	Waters, Special Survey	...	...	...	35
21.	Special Survey—Thornbury	...	...	...	89
22.	Strychnine problem	...	...	...	6
23.	Vitamin C Survey	...	...	...	39
					<hr/> 1,891
Smoke Recordings—City		...	...	...	685
„ „ —Miscellaneous		...	...	...	497
Grand Total					<hr/> 3,073

1. City of Bristol—General Examinations

As in earlier years this group of samples includes several required for laboratory information and often relate to control samples in various investigations. 204 examinations were made and included the following :—

A minced meat loaf canned and in a putrefying condition due to a canning fault at the sealing strip.

The green spots in a sponge pudding were due to an apple green colour used in the school kitchen.

A sample of whisky gave no evidence of the suspected additions of either cannabis or heroin.

A watch with an alleged radioactive dial was found to have been painted with a luminescent material based on zinc sulphide or a similar sulphide.

A sample of celery contained traces of Bordeaux mixture, a copper complex. There was no evidence of DDT.

A portion of a scone had an unpleasant taste due to uneven distribution of sodium bicarbonate used in making the scone.

A can of peas showed canning faults with decomposition of the peas and development of sulphuretted hydrogen.

A make-up liquid was alleged to have caused eye damage. No toxic ingredient was found but it was considered that any foreign liquid introduced into the eye would prove objectionable.

A dust sample was identified as the dry rot fungus.

A number of seeds were identified as those of the Silver Birch.

A metallic powder had the characteristics of black oxide of nickel.

A powder had all the characteristics of a specimen of soil which would be of very dubious value as a cure for or to improve a diabetic condition as had been alleged.

A number of unused bricks were examined, reference problems arising at the Fire Tower, Southmead Fire Station.

An ice lolly gave no evidence of mould growth but minute ice crystals had formed a surface “bloom”.

A portion of lamb chop was examined for colouring matter. This was a blue colour very similar to that used for price stamping inks. Specimens of hair were shown to be human hair and not nylon as suspected.

A fault in baking technique had resulted in a soft sticky centre in the crumb of the bread.

The strong smell in a steak and kidney pie was undoubtedly due to onion.

A number of enamels examined for the West of England College of Art were found to contain lead of the order of 5 to 10 per cent.

A sample of water contained immature *Asellus aquaticus*.

A full cream milk powder was found to be an admixture with half cream powder.

Braised steak was found to be normal and with no evidence of ascorbic or nicotinic acids.

Orange squashes and drinks were examined for composition etc. for contract purposes to a Regional Hospital.

Chocolates and cigarettes gave no evidence of arsenic as was alleged.

A pork luncheon meat was stained with traces of methyl violet.

Two samples of plaster were grossly contaminated with urine.

Water samples from manholes under G.P.O. Telephones Control contained mineral oil and petrol mixtures.

A sample of alleged red salmon was in fact a pink salmon. The matter was taken up with the packers and resolved to the satisfaction of the complainant.

Pickled eggs were contaminated with fruit flies, *drosophila*.

Samples of P.V.C. tubing used in operating theatres were examined for residual formaldehyde after treatment with formalin to subjection to sterilisation. The amounts of formaldehyde found by the chromatropic acid method was at about the limit of detection.

2. Biochemical and Toxicological

143 specimens were examined, that is twice as many as in 1967. 109 specimens of blood were examined for ascorbic acid. These samples were taken from geriatric patients permanently domiciled in hospital and from others regularly visiting their local Health Centre. A proportion of the Vitamin C stored in the body is to be found in the leucocytes, the white cells, and it was necessary for the participants in the scheme to submit to a venepuncture. About six people took part at each session and the samples brought back to the laboratory for analysis. About 100 specimens will be included in the scheme. The apparatus and chemicals used were kindly paid for by Roche Products Limited who suggested this survey in the first instance, fully supported by the interest of the Medical Officer of Health.

Blood and urine specimens were examined for lead on behalf of various Regional Hospitals.

Heart and Liver specimens from three deceased individuals were examined for cobalt but without result. This implied less than 0.2 p.p.m. of cobalt, the limit of detection. One set of specimens came from a 60 year old ship's radio officer who called regularly on the St. Lawrence Seaway, Canada. He was known to be a heavy beer drinker and cobalt poisoning was thought a possible contributing cause of death.

During the year also several urine specimens were examined for mercury. These were taken from two full-time and two part-time operatives on the Inter City Newscaster Service at the Bristol Hippodrome.

Several urine samples were examined for mercury on behalf of Bristol University Department of Physical Chemistry. In several instances significant amounts of mercury were found.

A blood sample examined for alcohol gave 120 mgm per 100 ml., a level which implied a marked degree of intoxication and probably the equivalent of 4 or 5 double whiskies. The case related to an individual with known alcoholic tendencies and with a responsible supervisory post.

One sample of blood was examined for zinc and lead. The figures were respectively 20 p.p.m. and 0.48 p.p.m.

Some capsules were shown to contain procaine hydrochloride and haematoporphyrin. These are known as KH3 capsules.

A remarkably high mercury figure of 790 micrograms per 24 hour specimen in one individual working with this metal at Rolls Royce Engines, Bristol led to a spate of samples from workers similarly employed. No further unusual results were obtained and subsequent further investigation of the circumstances of the first sample led to more than a strong suspicion that the collecting bottle had at one time contained a phenyl mercury compound. The bottles had been supplied by the hospital concerned with the interests of the patients and we regret not standing fast by the usual laboratory drill to accept only those samples submitted in bottles provided by the laboratory.

3. Foreign Bodies, Insects and Infestation

The 133 specimens submitted covered the usually expected, if remarkable, range of objects, many found in a variety of foods. It is possible to give only a selection of the more intriguing and interesting specimens.

A sample of canned apples contained two pieces of fabric identified as portions of a finger dressing but there was no evidence of blood stains.

Custard Cream biscuits were infested with the Mediterranean flour moth.

A sample of meat contained numerous minute fragments of metal and a bread contained small flakes of aluminium.

Foreign bodies alleged to have been found in a coffee were undoubtedly derived from a tooth filling. Both mercury and silver were detected in the fragments.

A packet of Paella contained several live insects—the saw toothed grain beetle.

Canned plums contained specimens of the Hive Bee and a can of plum crumble contained twenty specimens of this bee.

A block of salt contained a fragment of the fused silica lining of an evaporating pan.

A bottle of school milk contained a portion of blackboard chalk.

Insects in dried turtle fins were identified as *Dermestes frischi*.

Foreign matter in canned fish was identified as struvite crystals.

Insects infesting a house were identified as the carpet beetle, *Anthenus verbasci*. We strongly suspect that much of this sort of infestation may arise from infected birds nests in roof voids.

A beetle in canned pineapple belonged to the famellicornia group which includes cock-chafers or the May or June bug.

A sample of shredded wheat contained the Fur beetle, *Attagenus pello*.

An alleged foreign body in a jar of honey was in fact a curious flaw in the glass of the jar.

A pasty contained fourteen specimens of the common black ant.

The clusters of small reddish brown objects in a piece of boiling bacon were small cysts and not parasites.

14 dead blow fly larvae were found in portions of cooked chicken. A phosphatase test indicated that the larvae had not been heat treated.

A sample of bread contained a $1\frac{1}{2}$ inch sewing needle.

A sample of Stilton Cheese contained three black flies of the family Phoridae.

A sample of sausages, somewhat surprisingly, contained a portion of a human nail.

A brown powder was identified as the dry rot fungus, *Merulius lacrymans*.

A specimen of wood and shavings both gave evidence of attack by the Death Watch beetle, *Cestobum rufovillosum*.

A sample of Weetabix contained a number of book lice in the waxed liner of the pack.

A Steak Pasty contained a rigid metal turning comprising iron, tin and manganese.

A specimen of bread contained a 1 inch pin almost certainly cooked in the bread.

Some chocolates contained several fragments of metal, one piece, unlike the rest, contained zinc.

A fruit cake contained a bee almost certainly baked in the cake.

A portion of slab cake contained a small bundle of fine hairs up to six inches long. The hairs were identified as mammalian, probably human, but there was no evidence that they had been cooked in the cake.

A sample of full cream milk powder contained a $\frac{1}{4}$ inch length of bent iron wire.

A school milk contained portions of liquorice.

A bottle of milk contained a portion of cardboard carrying instructions to the milkman.

A portion of sliced ham contained a human hair lodged between and not in the slices of ham.

A strawberry jam contained a fragment of pumice stone.

A custard powder contained a piece of a stiff wooden bristle.

A necklace stated to have been purchased in Rhodesia consisted of a number of large brown beans and small red berries. Both beans and berries were badly infested with the Indian Meal Moth.

4. Gloucester County.

The 98 samples examined are considered as usual in Part IX.

5. Education Department

66 samples were examined and included 6 Bleach preparations, 5 Lavatory Cleaners, 24 Toilet Rolls, 6 Detergents, 3 Disinfectants, Soaps and Soap Powders, 10 colours in Block and Cake form 8 and 4 samples of sausages. These were all contract samples which the Department required to be assessed on a value for money basis.

6. City Engineer's Department

115 samples were examined and consisted primarily of soils and sub soil waters for assessment of pH value and sulphate content. Three effluents were examined for trace metals.

7. Port of Bristol Authority

The seven samples examined included an acid oil waste water from drums of aluminium chloride, cocoa beans and sacking, two samples of fish meal, one in a particularly mouldy condition and an

oil shown to be a lubricating oil rather than a fuel oil. In addition throughout the year there were regular requests for information on the safety of numerous chemicals handled at the port.

8. Port Health Office

842 samples were examined, the bulk of which came from the Avonmouth Docks. Both from here and the City Docks the majority of the samples were canned goods from many parts of the World.

Avonmouth Docks

29 samples of ground nuts and one sample of cashew were found to be free from aflatoxin, a substance developed from the mould *aspergillus flavus* which occurs particularly on damp nuts. In fact there are several aflatoxins all more or less known to cause cancer of the liver in a wide variety of animals.

A sample of desiccated coconut with a somewhat unusual grey colour gave normal analytical characteristics. The colour was thought to be due to the inclusion of some of the meat of the coconut having some minor faults in development.

A number of samples of tea were submitted during the year for clearance after sorting and repacking after various types of alleged contamination by oil, sea water or rain water. All teas examined with three exceptions were free from excessive moisture, infestation, mould growth or excessive stalk and all gave satisfactory infusions. The three exceptions were badly caked and mouldy but gave no evidence of sea water damage.

Six samples of pineapple juice had tin contents ranging from 100 to 200 p.p.m. Whilst not excessive this order of tin made the juices distinctly unpalatable.

A number of samples of canned Indian pickles gave lead figures above 2 p.p.m. and tin in excess of 250 p.p.m. There was no evidence of non permitted colourings. Some follow up samples were even worse in respect of lead ranging up to 14 p.p.m. All were subsequently condemned.

Canned fish products taken throughout the year gave no evidence of radioactivity.

Several portions of lamb fat were examined for taint but without result. It was alleged that carcasses from which the fats were taken had picked up an almond-like flavour.

A sample of Chinese Dates or Indian Jujubes was examined for general condition. These dates grow on a thorny tree especially cultivated for the purpose. The fruits are then preserved in syrup and are an important item of food in China and other Eastern Countries.

City Docks

A sample of egg noodles claimed the equivalence of five fresh eggs per kilo. Examination and calculation indicated a not unreasonable agreement of four eggs per kilo.

A number of samples of corned beef in 7 ounce and 6 lb packs were examined. The 7 ounce cans gave lead figures close to 5 p.p.m. with one at 9 p.p.m. On balance these were released. The 6 lb cans were less happy and showed signs of staining with lead figures up to 10 to 13 p.p.m. notably in end slices of meat. The calculated lead figure for the whole contents just about scraped home but the matter was taken up with the canners with a view to minimising the lead figures. The practical suggestion was made that a paper liner might help although there may be cogent reasons for not doing this. The packers offered to submit the comments and suggestion to the Argentine plants.

9 & 10. Housing Department and City Architects Department

These Departments submitted one sample each during the year. These were respectively a dust sample found to be dry rot fungus and specimens of bricks for possible structural failures.

11. District Inspectors' Samples

18 specimens, mainly insects, were examined. A portion of ham showed some discolouration indicative of drying out but which might also be due to microbial breakdown.

Debris from a bed comprised small hard wax-like fragments mixed with white and coloured blanket fibres.

A sample of Polish Pork Loin was in a satisfactory condition and free from metallic contamination.

Various insects among the remaining fifteen specimens were identified as garden weevils (two instances) *Ptinus tectus*, the Cat flea, female Cockroach, the bed bug, the carpet beetle, the red mite of poultry, the common outdoor fly and brown banded cockroach, the wharf borer and a minute beetle, the *Mycetaea hirta*.

12. The Horticultural Officer

Seven samples were examined and included three specimens of turf of which one contained traces of chlorate weed killer but all were free from paraquat and diquat and four soils which were free from chlorate.

13. Weights & Measures Department

The work for this Department increased significantly with 43 specimens and 44 samples of toys. The latter are separately considered under section 17 of this Miscellaneous group. The general group included two sweet preparations cleared of any prohibited colourings.

A chocolate crisp which was assessed for its chocolate content.

A luminous clock which not not radioactive but the face was coated with a luminous paint based on a sulphide probably the zinc compound.

A solid silver charm which was shown to be 92.6 per cent silver with traces of copper.

A very useful service for the Weights and Measures Department was developed during the year in respect of graded petrols.

In all 38 petrols were examined by infra red with a view to a routine sorting for differentiation of the various octane ratings. The techniques employed suggested that with a suitable library of specimens it might be possible to virtually "finger print" any particular fuel. Use of infra red enables us to pick out "suspicious" samples not in accord with their declared octane rating and only these suspect samples need be sent for octane rating test. This is a time and money saving consideration to the Weights and Measures Department.

14. Baths Superintendent

Four examinations were required, three relating to chemicals used in the Baths practice. They included a cleansing fluid, a descaler and a sample of sodium acid sulphate. Some material from a filter was identified as black sulphide of iron.

15. University of Bristol

Apart from certain biological specimens for lead etc. dealt with in the appropriate section only one examination was requested. This was a syringe which was cleared for the possible presence of heroin, morphine, or the amphetamines. The residual fluid was probably tap water.

16. Public Health Laboratory Service

Five specimens were examined. Of interest were one specimen which proved to be the Red mite of poultry and a ureteric calculus consisting of phosphate with calcium oxalate.

17. Toys (Safety) Regulations 1967

44 toys were examined mainly for metals although in some cases for nitro cellulose as required. Most were submitted by the Weights and Measures Inspectorate although others were submitted by Gloucester City and the Borough of Chippenham etc. Comment was necessary on the following:—

M.110, Toy Truck with bricks of U.S.S.R. origin. Lead in excess at 77,500 p.p.m. in the yellow bricks.

M.124, Donald Duck on Scooter. Lead 8,770 p.p.m. in blue paint and 9,600 p.p.m. in black paint. The yellow on the legs and beak contained lead equivalent to 63,400 p.p.m.

M.131, Musical Toy, gave no evidence of celluloid. Once the toy was opened the eight pronged musical device could be potentially dangerous.

M.390, Toy umbrella in which the yellow paint film contained excess lead and chromium.

M.398, Toy Train on which the yellow paint contained an excess of lead and soluble chromium.

M.407, Penguin. Cadmium, zinc, copper and silver found. Cadmium most objectionable.

M.468, Toy contained an excess of soluble cadmium in film on head of the toy.

M.481, 482, 483 & 484, Toys had excess of cadmium in paint films on the heads of these articles.

M.791, Coloured Bricks, had excessive lead in the green and yellow colours.

M.912, Skipping Rope. The red paint had lead equivalent to 8,000 p.p.m. and the yellow paint had 174,000 p.p.m. or 17.4 per cent.

M.941, Dachsie Dog. The tail of the toy had yellow paint containing 79,000 p.p.m. lead or 7.9 per cent.

That is to say 14 of the 44 toys contained excessive metals in paint films and technically in all cases proceedings could have been taken. In view of circumstances, the authorities in this area have seen fit to warn manufacturers and give them the opportunity to withdraw the offending articles from sale. Obviously this generous policy will not continue indefinitely.

18. Gloucester City

Three miscellaneous samples examined are considered as usual in the Gloucester City Report.

19. Toys—Examination of Teddy Bears

These examinations were in continuance of the scare arising in December 1967, reference the urea formaldehyde fillings of certain teddy bears imported into this country. Private individuals and local authorities submitted during the first quarter of the year seven specimens, six teddies and one doll. One teddy was found to be packed with the offending material and was surrendered for destruction. It would appear that apart from the odd occurrence this problem has been largely resolved and indeed no further samples were submitted during the year.

20. Waters—Special Survey

Eighteen waters were examined for lead after the waters had been in contact with service pipes overnight, that is for up to 12 hours or so. This work followed upon a Lancet Report in November 1967 and a Ministry letter to Medical Officers consequent upon that Report. In a first report on 12 samples taken from all parts of the City in November 1967 the lead figures ranged from Nil to 0.041 p.p.m. The W.H.O. had proposed a maximum of 0.3 p.p.m. for such waters. It was further proposed by the Ministry that the general lead figure should not exceed 0.05 p.p.m.

Six samples examined in February gave a range of 0.014 to 0.043 p.p.m. and a seventh gave 0.139 p.p.m. probably due to recent plumbing work.

A further six samples taken in the March quarter were all satisfactory and a further six in September had a range of 0.024 to 0.066 p.p.m.

17 mains water samples were examined during the year for pesticide due to alleged infiltration from a farm to the collecting area. In particular no gammexane or dieldrin were found. The limits of detection are respectively 0.00001 p.p.m. and 0.0001 p.p.m.

21. Thornbury—Special Survey

This survey of sulphur dioxide ammonia and nitrous fumes in the Thornbury area was started in the September quarter and in all 89 observations were made and were the subject of a special report to the authority.

22. The Strychnine problem

This matter arose from the general impression that far too much of this very dangerous alkaloid was available to farmers and others for the destruction of pests. The Weights and Measures Committee of the County of Gloucester, through the Clerk to the Council, initiated a scheme to persuade individuals to surrender unwanted stocks of strychnine. The effort was only moderately successful. In all six packets of drugs were surrendered by the County Police acting as the clearing agent. Four items were in fact strychnine hydrochloride, one of brucine and one was a rat poison not based on the alkaloid. The amount of strychnine so surrendered was 502 grains plus 38 grains of brucine which alone made the survey worth while if one remembers the lethal dose of strychnine is $\frac{1}{2}$ to 2 grains then potentially something like 250 fatal poisonings have been avoided.

23. Vitamin C Survey

This matter is referred to in the section on Biochemical matters.

REPORT OF THE WORK FOR THE COUNTY OF GLOUCESTER

Summary of Examinations

Milks	...	...	...	...	...	1,292
Food & Drugs	...	...	...	...	...	1,007
Waters, Swimming Baths & Effluents	...	...	...	...	...	115
Fertilisers & Feeding Stuffs	...	...	...	...	...	317
Miscellaneous	...	...	...	...	...	98
						<hr/> 2,829
Pharmacy & Poisons Act	...	...	...	...	...	3
Air Pollution—Lead Peroxide	...	...	...	...	...	24
Air Pollution—Deposit Gauges	...	...	...	...	...	22
Spectrographic Analyses	...	...	...	...	...	129
Chlorination	...	...	...	...	...	123
Gas Chromatography Examinations	...	...	...	...	...	359
Merchandise Marks Act	...	...	...	...	...	8
National Pesticide Scheme	...	...	...	...	...	28
Toys (Safety) Regulations 1967	...	...	...	...	...	125
Special Survey (Thornbury)	...	...	...	...	...	99
						<hr/> 910

This is a grand total of 3,739 which is 66 more than the previous record total of 3,673 in 1966.

The sampling rates since 1964 are as follows :—

1964	...	2,732
1965	...	3,028
1966	...	3,676
1967	...	3,444
1968	...	3,739

This year's sampling is an all time record and will provide over £15,000 in analytical fees.

AIR POLLUTION

	<i>Bristol</i>	<i>Gloucester County</i>	<i>Gloucester City</i>
Lead Peroxide	59	24	12
Deposit Gauges	68	22	12
Smoke Recordings (City)	528	—	—
Smoke Recordings (Miscellaneous)	495	—	—
	<hr/> 1,150 <hr/>	<hr/> 46 <hr/>	<hr/> 24 <hr/>

A considerable amount of analytical work is involved in all of the above except for the 495 miscellaneous recordings for the Stroud and Dursley Authorities which entail only the checking of stain intensities. The City smoke recordings are made at Monks Park School and the Chief Public Health Inspector's Office at St. Clement's House.

The City Survey

When the depositions at the four city sites are corrected for the exposure periods, compared with 1961 conditions at the City Centre have marginally improved, whilst at Shaftesbury Crusade, St. Philips there is a significant improvement from 170 tons (corrected) to 148 tons (corrected). Similarly at the Zoo there is improvement from 109 tons (corrected) to 98 tons whilst at Blaise there is a small deterioration due largely to a three months series of 17, 24 and 12 tons deposition in March, April and May. Bearing in mind the very appreciable rise in rainfall, 5 to 6 inches more than in 1967, the general total deposition figures are in no way untoward. The effect of rainfall can be best appreciated from the July figures for the four sites.

	<i>July Deposition</i>	<i>Average for 1968</i>	<i>July Rainfall</i>
C.W.S.	13·8 tons	11·0	6·0 inches
Shaftesbury	18·0 „	12·4	5·6 „
Zoo	11·3 „	8·2	5·7 „
Blaise	13·4 „	11·6	5·2 „

It will be noted that the very heavy July rainfall, particularly on the 10th and 11th of the month, caused increases of certainly not less than 2½ to 3 tons of additional deposit and at the Shaftesbury site 5·6 tons over the monthly average.

Although not always apparent from our records over the years since 1964 rainfall plays an all important part in the amounts of deposition. With this in mind the deposition within the City in 1968 is generally less than in 1967 when conditions depreciated for quite unexplained reasons. The sulphur pollution figures show a very satisfactory state of affairs. At the City centre the figure of 1·35 mgms. SO₃ per day is the best certainly since 1962 whilst at Shaftesbury Crusade at 1·52 mgms it is the lowest figure for four years. Further at the Zoo apart from 0·51 in 1967 the figure of 0·56 is the lowest recorded since 1954 and again the Blaise figure of 0·70 is the same as for 1967 and the best again since 1954 with two exceptions in 1960 and 1961. In the case of sulphur pollution, increased rainfall tends to work in the reverse aspect with deposition figures. In other words, the heavier the rainfall the less the degree of sulphur pollution.

The Avonmouth Survey

Only sulphur pollution was assessed and the figure of 0·85 is virtually the same as the 0·84 of 1967 which was the lowest figure yet recorded. The degree of pollution was something between conditions in the City and at the Zoo and Blaise Sites.

The Thornbury Survey

Sulphur pollution at Walning Farm has been remarkably steady between 0.4 and 0.6 mgm since 1958 with one high figure in 1963 at 0.80 mgm. The 1968 figure at 0.50 mgm is at good average level. At Brynleaze Farm conditions since 1958 have always been at least 0.10 mgm higher than at Walning and the pattern is maintained in 1968 with a 0.60 mgm level.

Cattle at Walning Farm Site have been responsible for upsetting the deposit gauge on four occasions in August, October, November and December and only 8 months results are available to give a total deposition of 81.7 tons during which period there were 19.5 tons in June and 14 tons in July (the wet month). Or 33 tons of the 81 is accounted for in two months of observations which will obviously throw the yearly figure out of time perspective. The Brynleaze Farm figures have certainly been more complete over the period since 1958 and regrettably the 1968 figure of 109.2 tons is the highest yet recorded which would tend to support the probability that the Walning Farm figures corrected to twelve months at 120 tons is not so far from representing the picture of significantly increased depositions in the area for 1968.

The corrected rainfall figure at Walning, 23 inches in 8 months or 35 inches in the full year and at Brynleaze 30 inches in the year are both the highest recorded figures since 1958. Nevertheless, June and July accounted for 9 inches of the Walning Site 35 inches and similarly 10.4 inches of the 30 inches at Brynleaze.

The Gloucester City Survey

The 1968 data indicated only minor changes from the 1967 figures. The deposition at 128 tons is practically identical, which with the increased rainfall including 5.7 inches in July could imply certainly no worsening of pollution in the City.

The sulphur pollution at 1.46 mgms is still an improvement on the 1967 figure and is the best figure since 1962.

The Central Health Clinic

The deposition figure for 1968 would be identical with 1967 when the corrected figure for that year would be 175 tons. These two years' figures are the best since 1961. Despite the 5.7 inches of rainfall in July the total rainfall of 32.6 inches is no greater than the previous two years, although much heavier than 1962-1964 relatively "dry" years.

ADDITIONAL SURVEYS

Sulphur pollution surveys have been carried out at the Zoo Annexe, Hollywood Estate and at Katherine Farm. Six month's observations at Katherine Farm gave an average of 2.3 mgm SO₃ per 100 sq.cm. per day.

Two sites were maintained at the Zoo Annexe: on the Clock Tower and in the Field. At the Tower the average figure was 0.86 mgms and at the Field 0.56 mgms for the full year's survey. The two sites show remarkable consistency and relationship throughout the year with the Field site steadily about 60 per cent of the Annexe figures. The figures would not indicate any serious sulphur pollution hazard in the area.

OTHER ACTIVITIES

The day to day running of the laboratory means much more than the control and organisation of the analytical problems. The daily diary is a valuable source of the year's happenings outside the actual chemical field.

Nine prosecutions instituted during the year related to sausages, whisky, milks, bread and a pasty. In all cases a plea of guilty was entered and my attendance at court was not required. Indeed the written evidence of the facts in foreign body cases in particular has been accepted as envisaged in the Criminal Justices Act and this has meant the virtual end of long waiting periods at court.

33 lectures were given during the year both on general and specific matters relating to Departmental work. Special lectures were given to D.P.A. Students and to 2nd and 4th Year Trainee Public Health Inspectors. Lectures on the general Departmental work were given to the Science Society of the Grammar School, Home Economics Students, the Armada Residents Association, the Women's Circle, St. Chads Hall, Patchway, the Westbury Park Methodist Church, the Electrical Association for Women at Downend, Henbury School, Catering Students, Lawrence Weston School, Health Visitors, Young Wives of Horfield Baptist Church, the Women's Institute at Alveston, Bridgwater Grammar School (R.I.C. Meeting), St. Peter's Women's Fellowship at Lawrence Weston, upper form Science Students at Millfield School and the Wives' Guild

at St. Peter's Church. A few of the foregoing were visitors to the Department and were given a short lecture and a tour of the laboratories.

I attended five Journals meetings and took part in discussions with doctors working with local industrial undertakings, on subjects of interest in industrial medicine and occupational and environmental health problems.

There were the usual Committee meetings of the Scientific Sub Committee, later in the year to become the Environmental Sub Committee, the Gloucester County Weights and Measures Committee each quarter, five meetings of the local section of the Society of Chemical Industry, two meetings with the Health Committee of the County Councils Association on Strychnine and Pesticides respectively, three meetings of the Royal Institute of Chemistry Examination Board for the Mastership in Chemical Analyses qualification.

It has been a very busy year in the affairs of the Association of Public Analysts and I have the honour to be the President of the Association for two years as from May 1968. I was, so to speak, immediately in action with the Ministry, notably on the Report on claims and misleading descriptions and on vinegar. It is hoped and preparations are well in hand for the A.G.M. of the Association to be held in Bristol in May 1969. There will be a Civic Reception and I trust an attractive programme for the three days of the meeting.

Other noteworthy events had included two visits of the Gloucester County Weights and Measures Committee to the laboratories; meetings on the problems of decimalisation and metrifcation; two zone meetings of laboratories in the South West, the first at Taunton in March and a second in Cardiff in September—both most useful for the interchange of views and ideas of common interest to the seven laboratories and staffs involved. Among several pleasant social events were the Pharmaceutical Society's Reception in June and the Food Manufacturers' Federation Luncheon also in June, the Royal Institute of Chemistry Dinner in London in October, an A.P.A. General Meeting in Portsmouth also in October; the Town Clerk's Mr. T. Urwin's retirement dinner in November and the Cake and Biscuit Alliance Luncheon in London also in November.

Visitors welcomed to the Department have included Mr. Watson, M.A.F.F., Dr. Williams of Messrs. Silcocks, Liverpool, and the Medical Officer and Deputy of Gloucester County Council.

All in all a busy and memorable year making new friends and renewing old acquaintances.

SPECIAL TOPICS

This section of the Report, first initiated in 1967, deals with matters of special interest.

1. Cyclamates

Item I in 1967 dealt with the question of cyclamates and following upon these comments I enlisted the aid of colleagues to survey the scene of usage of cyclamates. The Ministry received these findings and they intend to keep the use of cyclamates in all foods under continuous review. The Association has been asked to supply periodically details of the extent to which these sweetening compounds are being used in Food. Such information should be sent to the Secretary of the Association.

2. Metallic Contamination of Food Stuffs

These examinations were continued as part of the Pesticide Scheme. There are a few comments which can be made on the results:—

Mercury occurred in 10 of the 12 samples examined. Apples and pears alone gave no evidence of mercury.

Lead figures seemed more or less "normal" in all cases except potatoes, pork chops and cheese.

Copper figures were high in cooked ham and potatoes.

Sample No. 11, New Zealand Cheddar had particularly high mercury and lead figures for which there appeared to be no logical explanation.

A further 29 samples were received later in the year giving a total coverage for the year of 41 food stuffs.

3. Dithiocarbamate Residues in Fruits and Vegetables

The bulk of this work was carried out in 1967 and has already been briefly surveyed in the Report for that year.

The full paper by J. S. Pagation, a Sandwich Course Student with the Department for the second half of 1967, has been published in the Journal of the Association of Public Analysts 1968 Volume 6, 1st quarter p.25 *et seq.*

4. Organo Chlorine and Organo Phosphorus Compounds in Fruit and Vegetables

Over and above the requirements of the National Pesticide Scheme this laboratory has examined 1,095 foods for organo chlorine pesticides and 349 for organo phosphorus compounds. The full study by G. J. Dickes and P. V. Nicholas was published in the *Journal of the Association of Public Analysts* 1968 Volume 6, 2nd quarter p.60 *et seq.*

The general conclusion of this, our second survey, with its sampling bias towards items showing a high incidence of organo chlorine pesticides in the first survey suggests that residues higher than average are to be found in such foodstuffs as apples, apricots, blackcurrants, cherries, dried fruits, gooseberries, green peppers, lettuce, mushrooms, parsnips, peaches, radishes, strawberries, tomatoes and watercress. Further 240 foods contained gamma BHC and 115 contained DDT. 148 of the samples with gamma BHC had a concentration less than 0.01 p.p.m. which is the detection limit of DDT. Thus 92 other foods with gamma BHC compared with 115 with DDT means that these two insecticides have approximately the same incidence.

The incidence of organo phosphorus residues is not as high as the organo chlorine residues. Again, however, limits of detection must be taken into account and when this is done the results of the survey suggest that there is approximately a five times greater chance of detecting organo chlorine residues in fruit and vegetables than there is of finding organo phosphorus above the 0.05 p.p.m. level.

THE POSSIBILITY OF POLLEN COUNTS

In accordance with the instructions of this Committee, I visited the Asthma and Allergy Research Unit at St. David's Hospital, Cardiff on the 23rd October last. I met Dr. Hyde, the Botanical Director of the Unit and discussed with him the problems of assessing atmospheric pollen and spore concentrations. This Research Unit has a team of some eight people who have been studying asthma problems for certainly 20 odd years and more intensively in the last 15 years.

Grass pollens have been a major concern but there are many others associated with the problem such as those from elm, birch, oak, and ash trees and from grasses, nettles, plantains, sorrel and docks. Even more recently they have begun studies of mould spores and fungi which may be even more important to their studies than the pollens.

The special collection apparatus for pollen work is the Hirst Spore Trap apparatus obtainable from Messrs. C. F. Cassella, London N.1 at a cost of about £150 per unit. Siting of the apparatus is important, although I gained the impression that as far as grass pollen counts were concerned, these might well be reasonably constant at any one time over a wide area.

From this brief statement I think it will be appreciated that this is no simple problem and proper assessment of results requires all the 'know how' of a trained Botanist. The Director of the St. David's Hospital Unit would be happy to co-operate further with any interested authority. I understand that the Medical Officer of Health for Gloucester City is also interested in asthma problems and if there is to be any further development of the matter, the Medical Officers may well wish to meet together to discuss the value and implications of this work with the St. David's Hospital Research Unit.

VETERINARY OFFICER'S REPORT 1968

J. Allcock, B.V.Sc., M.R.C.V.S.

(Inspector under Diseases of Animals Act)

NOTIFIABLE DISEASES

Foot and Mouth

This disease continued from 1967 and Bristol remained in the controlled area until February 12th. Nationally Foot and Mouth restrictions were in operation over some part or parts of the country until June 26th. 45 Infected Area Orders were made in this period, and 1,045 licences for movement of 5,045 cattle, 15,160 sheep, and 8,245 pigs were issued from my office.

In my report last year I spoke of the time involved in Foot and Mouth licensing. Suffice it to say this year that almost 25 per cent. more licences were issued than in 1967.

The ending of restrictions did not bring to an end Foot and Mouth considerations. After the slaughter the post mortem, and the Northumberland Committee was formed to enquire into the outbreak. Evidence for submission to this committee was given via the Association of Municipal Corporations and the British Veterinary Association. In particular anomalies in licensing procedure from area to area, and the cost of vaccination were mentioned.

Cattle movement

Cattle movement continues from Ireland for slaughter, and 22 licences were received for 345 cattle.

Regulation of movement of Swine Order 1959

118 licences for 1,109 pigs were received under this Order.

Anthrax

For once anthrax did not occur in any animals or carcasses brought into the City, although 211 outbreaks were confirmed nationally.

Licences for import of wild animals via Avonmouth were issued on several occasions. Some difficulties were caused by extensive press publicity resulting in a large number of unauthorised people being on the landing stage at the time of arrival. Under such circumstances quarantine becomes a pious hope only. I hope that measures taken by the Docks Authority and Police will resolve this difficulty in future.

DISEASES OF ANIMAL ACT 1950 ENFORCEMENT

A circular letter issued during the year by the Ministry of Agriculture to all Local Authorities envisages the Police being relieved of many duties under this Act.

It is interesting that the letter envisages a situation and delegation of duties almost identical with the situation that has existed in Bristol for the past 15 years at least.

PET ANIMALS ACT 1951

28 premises were licensed under this Act during the year. All have been visited — in some cases on many occasions. The general standard of animal keeping in these establishments has now reached a fairly high level, although some premises—and persons—do not maintain such levels. In two cases licences were withheld until conditions improved.

ANIMAL BOARDING ESTABLISHMENTS ACT 1963

Three premises are licensed under this Act.

RIDING ESTABLISHMENTS ACT 1964

Two premises are licensed under this act. Both have been visited during the year. In one instance very many visits have been made and some progress to reconciling the accommodation available with the number of horses.

PIGEON CONTROL

This subject has occupied time in discussion of methods, and the position is now I think, that finance is the limiting factor. If pigeons are to be controlled they can be if money may be spent. This latter decision is not a veterinary one.

CONTROL OF DOGS

Dogs continue to wander at will, and in spite of Acts and laws dating back to 1871 little control is exercised. The law is in existence, but if the appropriate authorities will not enforce it there seems little point in discussing further legislation.

BRUCELLOSIS

The Brucellosis (Accredited Herds) Scheme continues its snail-like progress. In the meanwhile cases of *Br. abortus* infection in humans and recovery of the organism from milk continue to occur.

In general the milk drunk in Bristol is pasteurised, but some raw milk is sold, and of course people purchase milk away from home. Compulsory pasteurisation of all milk is not possible, and until such time as direct financial benefits can accrue to the farmer who produces *Brucella* free milk, progress cannot be expected.

